EVANS ANNAPOLIS.

(VRA 15, 4)



Next sept (82 Etable Laborate made GENERAL TRANSPORTER Tip and book too star The factor of the second secon to the same term of the contract of the contra

ge 4 may be

requires that the death certificate be executed within 24 hours after

ond completely

After this certificate has been signed by the attending physician

IMPORTANT: If Item 21 is marked or Item 18 shaws ony injury, or other troumatic event, the should be detached for use as the burial-transit permit. Then please remove carbonpapes with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal

STATE OF MARYLAND

DEDARGMENT OF HEALTH AND MENTAL HYCIENE

4	FOR DEPARTMENT OF HEALTH AND MENTAL AYGIENE 1 9 4 7 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.											
		CEASED NAME FIRST OR PRINT) HOWAR	MIDDLE A	RMIGER	JR.	2a. DATE OF DEATH	MONTH DAY	YEAR 84	26. HOUR			
)	3 SEX	male C	aucasian	5. DATE OF Dec.	*	6 AGE (IN YEARS LAST BIRTI	YRS.		IF UNDER 24 HRS			
	54	DUNTRY	USA	WIDOWED		Anne Heun	DEL CO	INTY,	MD.			
1	AN	MAPOLIS A	NAME OF HOSPITAL, NUI (IF NOT IN SACH FACILITY, GIVE ST	GENERAL	. HOSPITAL	Court Reco			of MD			
2	13a. S	UD AA		Polis	36. INSIDE CITY LIMITS?	2 Ford	ZIP CODE	21	401			
7	H	oward E. MIDI	Armiger.	Sr.	Jane	MIDDLE	Wo	odu	and			
1		VAS DECEASED EVER IN U.S. ARMEI		L2888	Dolores f	A.Armige	So So	F13				
		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY The Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSE	QUENCE OF	· area			BETWEEN C	MATE INTERVAL ONSEE AND BEATH			
	z	cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSE (c) NDITIONS CONTRIBUTING		OT RELATED TO THE TERM	MINAL DISEASE OR CONE	DITION GIVEN	IN PART To	o			
1	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WH	IICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES				
1	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)				
	MEDI	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	ICE, FARM ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE			
		22a.l certify that (1) (this hospital) saw the deceased alive on above (1) (1) (1) (did not)	1/16	984 , and	that in my apinion	death accurred on the da						

ATTENDING PHYSICIAN

22e. ADDRESS

23c. NAME OF

TO FUNERAL DIRECTOR.

OR ATTENDING

HOSPITAL

24 EUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

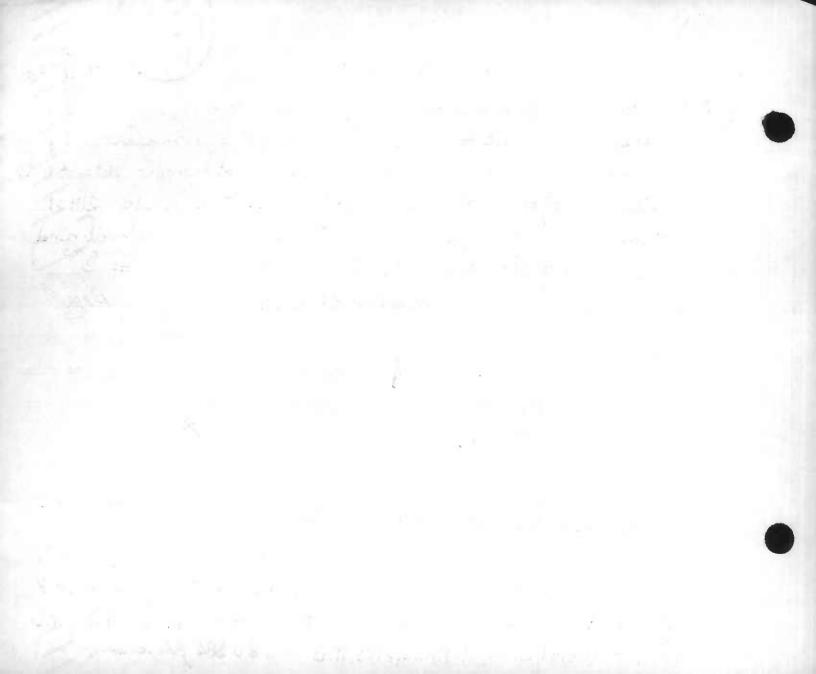
23b. DATE

22d. PHYSICIAN'S NAME, (TYPE OR PRI

23a. BURIAL, CREMATION, REMOVAL

Sb. REGISTRAR'S SIGNATURE APR 26

MEDICAL STAFF
DIRECTOR PHYSICIAN



STATE OF MARYLAND

	1 - STATE REGISTRAR			ICATE OF DEATH	REG. NO.	EDT				
	1. DECEASED NAME (TYPE OR PRINT)	FIRST CAROLINA		RMSTRONG	APRIL 30, 198	2b. HOUR 34 7:30 A M				
	3. SEX Female	4. RACE	hite 5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.				
3	76. BIRTHPLACE (STATE ORI	U.S	.A. WIDOWE	- A4	ANNE ARUNDEL (
1	GLEN BURNI	E NOR	HOSPITAL, NURSING HOME C JCH FACILITY, GIVE STREET ADDRESS) TH ARUNDEL HOSP		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L HOMEMAKET	OF WORKING LIFE) INDUSTRY				
5	USUAL RESIDENCE (IF NURS 130. STATE Maryland	113b. COUNTY A.A.		13d. INSIDE CITY LIMITS?	300 Haile Aven	ue 21225				
0	14 FATHER'S NAME FIRST George	M. MIDDLE	Clatterbuck	15. MOTHER'S MAIDEN P	MIDDLE Jane	Whitlock				
1	160 WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY NO. 216-28-7807	17. INFORMANT Rosalie Sh	ifflett 606 Alde	n Street 21225				
	18. CAUSE OF DEAT PART I. DEATH W Canditians, if any, gave rise to imm cause (a), statif underlying cause	/AS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, which mediate lig the DUE TO,	OR AS A CONSEQUENCE OF	PIRATORY	MUGST.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	PART 2 OTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GI	VEN IN PART LO				

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH

YEAR

MONTH

DAY P.M

21e. PLACE OF INJURY

19 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO

CITY OF TOWN

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

YES [NO [

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

STATE

saw the deceased alive an 22b. SIGNATURE

LIF EITHER, NOTIFY MEDICAL EXAMINER

190. DATE OF OPERATION

21d. INJURY OCCURRED

23c NAME OF CEMETERY OR CREMATORY

211 LOCATION

ATTENDING MEDICAL DIRECTOR PHYSICIAN

200 AUTOPSY?

27d. PHYSICIAN'S NAME (TYPE OR PRINT)

5/4/84

220.1 certify that (1) (this haspital) attended the deceased fram

abave, (1) (we) (did) (did not) view the bady after death

22e. ADDRESS RITCHIE HIGHWAY, S.E. GLEN BURNIE, MARYLAND 21061

FRED T. KAHN, M.D.

230. BURIAL, CREMATION, REMOVAL Buria1

Woodbine Cemetery

23d. LOCATION

Rockingham Co. Virginia

24. FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE O. Davidson

DHMH - 16 50M 4/B2

BP

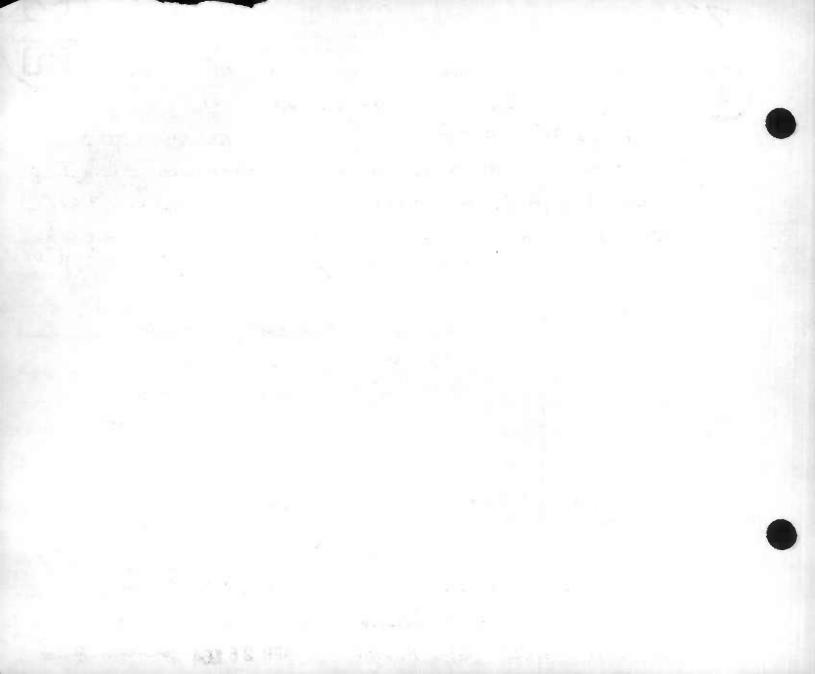
(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME ATice 2a. DATE OF DEATH The 1ma Arthur (TYPE OR PRINT) HELMA April 10, 1984 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 3. SEX White Nov. 14, 1902 Female 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED MARVIANO Chief Operator C&P Telephone 21032 136 COUNTY 13e STATE 13e.STREET ADDRESS / ZIP CODE Maryland 211 Long Point on Severn A.A. Crownsville NO X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Louis Reuschling UnKnown ADDRESS 2338 Jim Kohler Re 166. SOCIAL SECURITY NO. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Husband) 216/22/2563 Mr. Henry T. Arthur-Sykesville, Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate cause ID), stoting the underlying couse CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [NO [21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) THE LOCATION 21d. INJURY OCCURRED THE PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, EARM, ETC.) NOT WHILE my) (Dur) ppinion death occurred on the date and hour and from the causes stated 77h 5tGN DEGREE 221 DATE/SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Burial Glen Burnie A.A. Glen Haven Mem Prk 984 24 FUNERAL DIRECTO DHMH - 16 50M 4/83 Singleton Funeral Home Glen Burnie, Md APR (VRA 15, 4)

Widnessen Ellerade (D) Den Sunley des Lines way annay Attersolvered Hear diesal Dasile Milling lengt (SAMARAS 300 Rickely Mer And mas

بلار	7	1 -	FOR STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 0 9 3	5 3
REGISTRAR				WIDDLE	LAST	REG. NO	ONTH DAY YEAR 126 HOUR
1. DECEASED NAME FIRST †TYPE OR PRINT)				WIDDLE			
- /	22		GEORGE	Burton	BACHMANN	APRIL	24, 1984 853 R _M
1	* A \	3. SE	(4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
1 .	an)		Male.	Cauc.	11 - 25 - 22	61	YRS.
t a	م روسف		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH
- f	11 20	ı,	Maryland	U.S.A	WIDOWED DIVORCED	ANNE ARI	INDEL COUNTY MD.
- E	+ + p	10 C	TY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	12b KIND OF BUSINESS OR
offe	58 94	GI	EN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STREET	HOSPITAL,	Alumin lux	
2000	E E E	UsU	AL RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)		
4 4	Pal	130.5	appland A.			13e.STREET ADDRESS /	ZIR CODE 21061
e e	\$ - 1 \	34 FA	THER'S NAME	H. Co. I Glen D	IS, MOTHER'S MAIDEN NA	100 I CRRY	DE. SIVO
*	H 2 /1 /2	1	FIRST	MIDDIE	FIRST	MIDDLE	L'AST
oted	W # / S	L	VAS DECEASED EVER IN U.S. AR		IRITY NO. 17. INFORMANT	ADDRES	Hippier
o xec	Pages medica		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	INTORMANT	ADDRES	543 nolfield DR.
e p		<u> </u>	Yes W.	MIL 316-13-	5958A George Dack	man ve.	2/06/
e co	aphysicio onpopers emovol. event, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), an	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	ever ever			E CAUSE (0) Caralla	u arres		
ų,	or o		7100	DUE TO, OR AS A CONSEQUE	ENCE OF	1.0 .7.	2
deo	the ottendin remove corb emotion, or er troumotic		Conditions, if any, which	(b) acu	te myouarde	al infar	elleri
ş	remo emot		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUI	ENC& OF		
hot	by toose of		underlying couse lost	ASC.	UD		
es t	aned n plec buriol ry. or		PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING TO	DEATH BULNOT RELATED TO THE TERM	AINAL DISEASE OR COND	TION GIVEN IN PART 110
500	The of	CERTIFICATION		davau	uld pulmoner	y suga	eperne
3	Drior J	A	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	OB IF YES, WERE FINDINGS USED
o o	ssit per giene shows	Ĕ				YES PONO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
4. Th	Hygin 18 sh	8	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
Phy	* * * - /		OR CONTRIBUTING CAUSE OF DEA	CIPI CONTRACTOR OF THE CONTRAC	AY YEAR		
lYS/k	buriol Mento or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 716 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
#en	the the ond ond sed of	A.	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, F	ARM ETC) STREET	CITY OF TOW	N COUNTY STATE
N o	After the cost the olth one morked		AT WORK — AT WORK	tol) attended the deceased from_	10 8-2	- 10 (/21/	19 FC/, thof (II) we) lost
E -o	OR: or us l He				201	deoth occurred on the dot	te and hour and from the causes stated
R ATTE hospite	ECT ed for		obove, (Vive) (did) (did no	tyview the body ofter death.	DEGREEN		224 DAJE SIGNED
0 4	DIRE toche Dep			Wang.	ATTENDING	MEDICAL _ STAFF	- 1/17/1/6/11
TAL by th	RAI det		22d PHYSICIAN'S NAME (Tyre o	1 Sum	In incores	DIRECTOR PHYSICI	AND 120/59
HOSPIT	d be				730 730		IGHWAY
O HOSPITA	should be deto with the Stote		JAMES J. BE	and the same of th	GLEN BURN	VIE, MARYLANI) 21061
T	- 5 > 5		BURIAL, CREMATION, REMOVAL	23b. DATE 23c. I	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR YOWN	COUNTY STATE,
BP.		L	Burla	14-28-84 1	oudon Pack	Bato.	City md.
DHMH - 1	16 50M 4/83	24 F	JNERAL DIRECTOR	ADDRESS	25a. DA		Sh. REGISTRAR'S SIGNATURE
	A 15, 4)	Ke	ymond C. F	ink Glen 1	BURNIE API	26 084	Julia Davidson Randese



requires that the death certificate be executed within 24 haurs ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

the hospital or

filled in by the funeral director. bould be filed within 72 hours afti

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages, I and 2 showith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

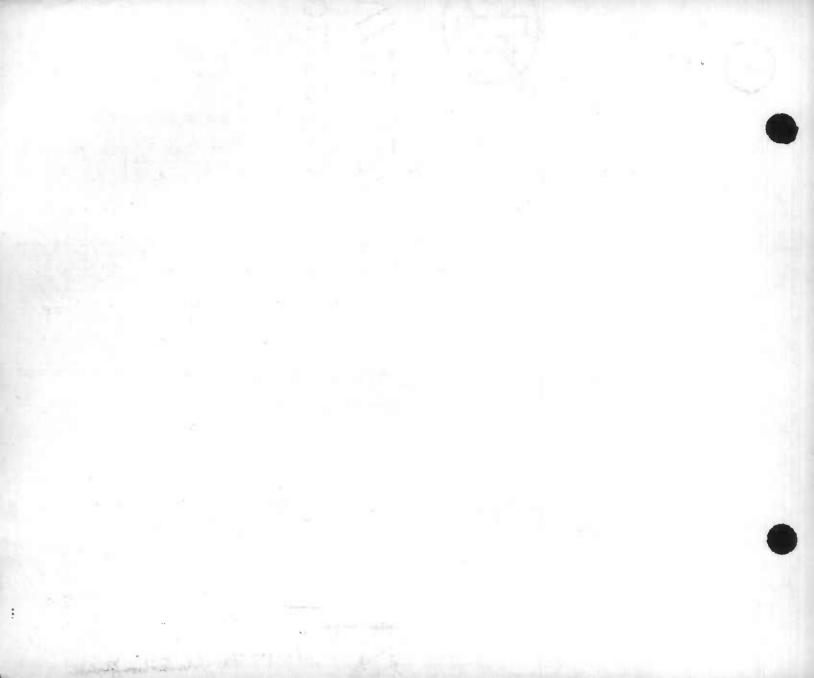
at any injury, or other troumatic event, the medica

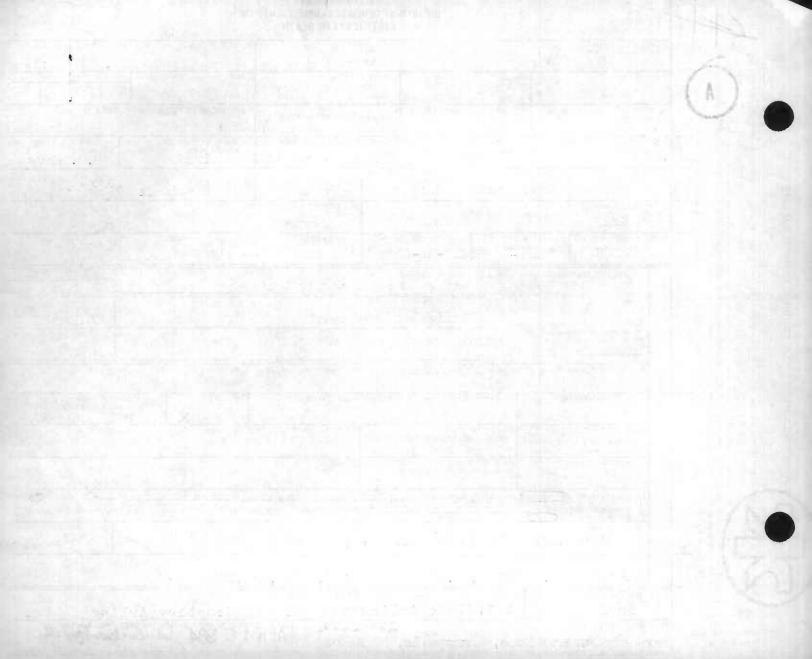
IMPORTANT If them 21 is marked or them 18 sty

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

١	١-	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.			
1		CEASED NAME	FIRST		MIDDLE		IAST	20. DATE OF DEATH	MONTH D	DAY YEAR	2b. HOU	R
1	1,,,,	Emil	- Y	Lilli	an B	anac	h	April	7,19	984 10 am		
١	3 SEX	(4 RACE		5. DATE (6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	# UNDER	24 HRS
		Female		Ca	uc.	4	14 23	60	YRS		HOOKS	791 [6.9.
L		RTHPLACE (STATE OR F	OREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D MEVER MARRIED	9. BALTIMORE CITY C	R COUNTY	OF DEATH		
1		Penn.			S.A.	WIDOW	ED DIVORCED	Anne Ar				MD.
	10_CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b, KIND O INDUSTRY	F BUSINE	SS OR
		Annapolis			ay Ridg		е.	Housewi	ſе			
		AL RESIDENCE (IF NURS	13b. COUN		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			140	13
4		Md.	Α.	Α.	Annapo	lis	YES NO X		Ridge	Ave.		
1	14. FA	THER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WIDDLE		ŁAS		
1		nester		Thisse			Margaret	4000		selwo		
				E WAR OR DATES			17 INFORMANT	ADDRESS Annapolis Md.				
į		NO		ONE			Anthony B	Banach 835	вау			
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter on 'AS CAUSE	ily one couse per D BY:	lipe for (o), (b), or	Vici.i	anala k	Var. Co	A	правно	MAZE INTER	An
		MMEDIATE CAUSE (o) LOCCESTUSTICS OF THE THE										_
		70070	2	DUE TO, O	R AS A CONSEQUE	NCE OF					1	
		Conditions, if ony, gove rise to imm	nediote	(b)						+	0	_
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		PART 2. OTHER SIGN	NIFICANT (ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVE	EN IN PART LI	0	_
	NO O							The program of the con-	5.7.0.7.0.7.			
	MEDICAL CERTIFICATION	19a DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH				
4	TIE							YES NO YES THE TING CAUSES]
2	CER	21a. ACCIDENT WAS UND		21b. TIME O	FINJURY 21c. HOW INJURY OCCURE M. MONTH DAY YEAR			RED (ENTER NATURE OF IN)	IRY IN ITEM 18 PA	ART 1 OR PART 2)		
1	CAL	OR CONTRIBUTING ()		1111		19						
	(ED)	21d INJURY OCCURE		21e PLACE	OF INJURY	211 LOCATION ARM ETC 1 STREET CITY C			ORTOWN COUNTY STATE			TATE
	<	AT WORK AT WO	RK .									
		220 I certify that (I)		75 /	decrayed from 19 8	2.0	19.70	, to	, 1	- (that (I) (-	
		Commenced Springers and Control of Control o	ed olive on	t) vigw the bady	ulter dooth.	7.0	nd that in (my) (opinion	deoth occurred on the d	ate and hour			ited
		776 SIGNATURE	111	low	//	1	ATTENDING .	# MEDICAL STA	FF	PA. DATE	SIGNED	/
Н		224 PHYSHETRIN'S NO	-	Lace	len	in	PHYSICIAN PHYSICIAN	MEDICAL STA	CIAN	19/8	10 7	1
		12.1	- //	7.14	2-1	140	16 Vacamen	6/10	11.	al.	9.1	//
	23c P	URIAL, CREMATION,	DEMOVAL	23b. DATE	CNMag	AME OF	EMETERY OR CREW PR	123d. LOCATION	June	4011	20	1
11	(SPECIFY)	VEWOAY.		1	7	2	CITY OR TOWN	I mb I -	COUNTY	Dan	Yar!
	-	urial INERAL DIRECTOR		4/13/8		ORTH	254 DA3	Philade TE REC D. BY REGISTRAR			Penn	1.
		NAME	7	1			olis Md	12 1004 P		3		
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DHMH - 16 50M 4/83 (VRA 15, 4)





100	/	Item #15 FOR STATE 8/9/8 REGISTRAR	Film 84 jp		DEP	ARTMENT OF	TE OF MARYLANI HEALTH AND MEI FICATE OF DEA	NTÅP HYGI	ENE PEG.		DAY YEAR	EDT Tab HOUR
e 4 may be store page 3 other death		OKPRINT)	MICHA	1	nmn)	MON	OV OF BIRTH	1 ^{YEAR} 20	APRIL. 6. AGE (IN YEARS LAST E	29		1050 A
O A 355	N	RIMPLACE INTEREST		76. CITIZEN OF	.A.	MARRI WIDOW	DIVO	RRIED -		ARLINDE	I. COUN	
The state of the s	0	GLEN BURN AL RESIDENCE (IF NURS	VIE ING HOME OR	(IF NOT IN SUC NORT OTHER INSTITUTION.	H ARIN	STREET ADDRESS) TOPIL HOSE E BEFORE ADMISSION			120. USUAL OCCUPA (TYPE OF WORK FOR MOS Supervis	OF WORKING LIF	Yell	ow Cab
thin 24 hs	13a. S Ma	aryland	Aru	ndel	13c. CITY OR Seve	rn	IS MOTHER'S M	O 📉	1539 F10	rida	Ave.	21144
MORE, MAK entitled in and comple lages I and	16a V	VAS DECEASED EVER (ES. NO OR UNKNOWN)	IN U.S. AR		Bearo	SECURITY NO.	Mrs. C	Y Mi	lka	RESS Sa	Miuc me as # 13	in
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSECIAN. The law requires that the death certificate be esecuted within 24 haurs otterding physicion. Her this certificate has been algored by the ortending physician and complimity filled in by as the burial franks permit. Then please remove colbangopers, Pages 1 and 2 shayld be fill the and Mental Hypiene prior to Burial, cremotion, or removat. Oxhed or ham 18 shows any injury, or other troumants event, the medical administrationed in the best of the statement.		Conditions, if ony, gave rise to imm cause (a), statin underlying cause	which mediate in the last	D BY. E CAUSE (o). DUE TO, O (b). DUE TO, O	RACON LAYON RASACON	SEQUENCE OF	Dry D	ina	whin re		Gla	h
TAL RECORDS, 20 The law requires, toots. The law requires, toots. The law requires, too and the particular to burn plants only injury a law report of the law.	CERTIFICATION	III MEM h	191Ca	vana 1	IT ON FOR W	Tis /) J// ()	HO HW	VAL DISEASE OR CO	20b. IF YES	S, WERE FINDI	INGS USED
DIVISION OF VIT	MEDICAL CI	OR CONTRIBUTING GIF EITHER, NOTIFY MEDIN 21d INJURY OCCURF WHIE NOTIWHAT WORK NOT WHO 220 I certify that (I)	CAUSE OF DEA	HOUR A. P. 21e. PLACE (AT HOME STI	M. MONTH M. OF INJURY REET, FACTORY, C	1 -1 /	211 LOCATION STREET	19.63	CITY OR	TOWN	COUNTY	STATE , that (I) (we) last
HOSPITAL OR ATTERMED by the houping FUNERAL DIRECTO said by deteched for the Store Dept. of hopping th		saw the decease above, (1) (we) (c	ed alive and did in the second	a panels	ofter death.	19.00	DEGREE	ENDING YSICIAN	MEDICAL ST PDIRECTOR PHYS	AFF SICIAN [224. DATI	29-fy
BP		HILAR) Burial, CREMATION, Buria	removál	May ₁		Loudo	CEMETERY OF CRI	Cem :	Paltimo	re Ci	ty	Marylar
DHMH - 16 50M 4/83 (VRA 15, 4)		ngleton	Har	ral Ho	pkeing	oress on Bur	nie.Md.	250 DATE	REC'D. BY REGISTRA			-Randale

WALTER BROOKS BRADLEY, INC. BALTO., MD 21222

DIVISION OF VITAL RECORDS.

(VRA 15, 4)

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180	ensine) , miles			

1	_	-	FOR	DEPART	STATE OF M	ARYLAND AND MENTAL HYG	SIENE 9 U 5	8	
0	5	1-	STATE REGISTRAR		EXAMINER'S C	100	DEATH REG. NO.		
			CEASED NAME FIRST	MIDDLE	2	AST	20 DATE KNOWN N	MONTH DAY Y	YEAR 26 HOUR
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2	FCTOR. FILES. HOURS STREET,	3. SEX	NA / RACE	S. DATE OF BIRTH MONTH DAY PEAR YEAR	LAST BIRTHDAY)	DER 1 YR. IF UNDER 24 I		MONTH DAY	YEAR 2d, HOUR 1835
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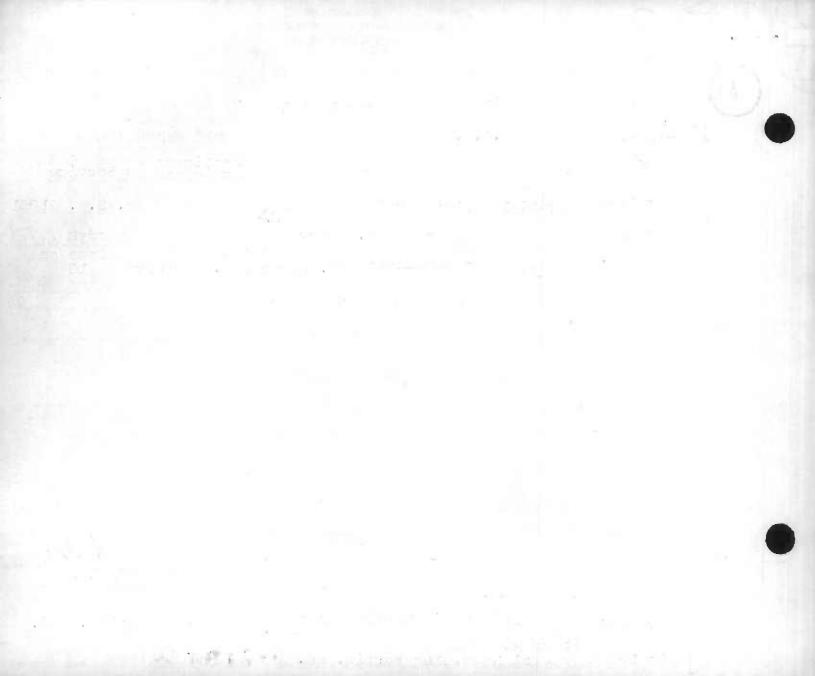
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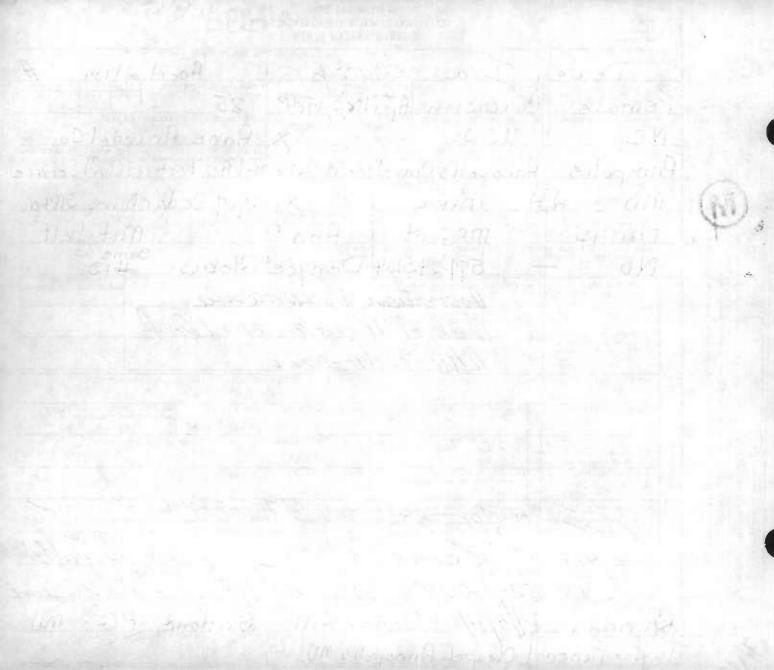


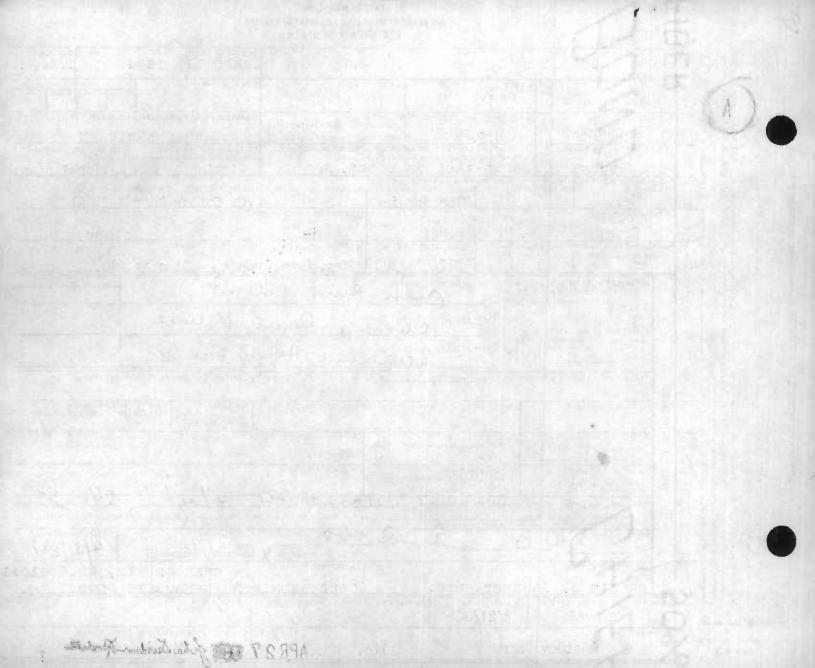
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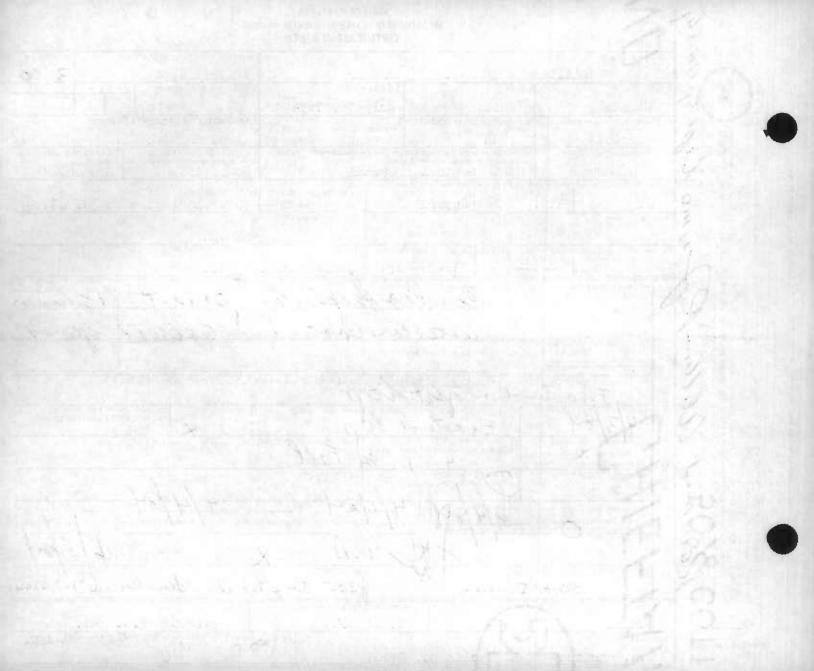


Annapolis Md. 21401

(VRA 15, 4)

T.A. Hardesty

STATE OF MARYLAND



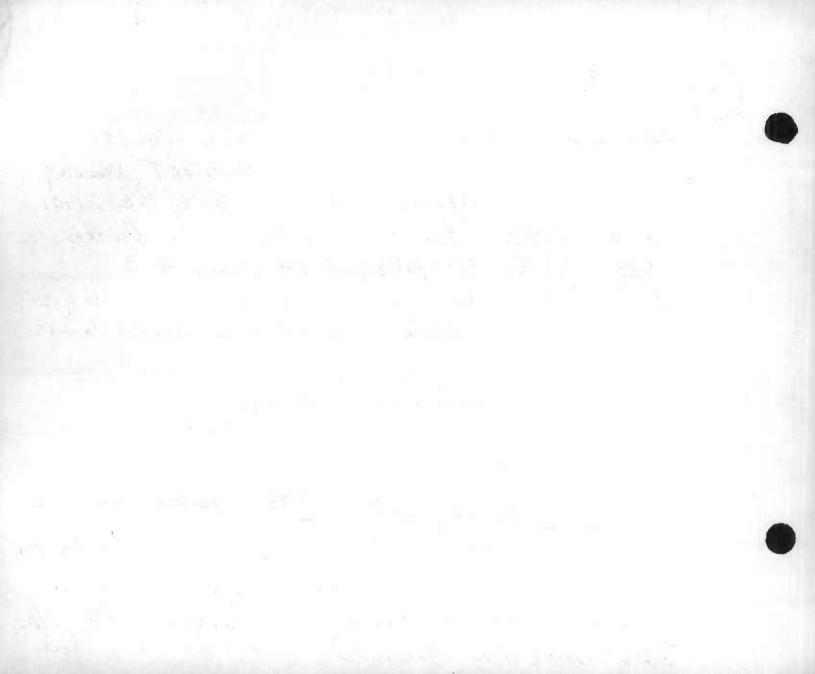
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RE, MD.	H- 39372	14. F/	ATHER'S NAME EDWAR		WIDDLE	ROWN	LAST			R'S MAIDE	N NAME	MIDD	LE	COLI	BERT	
ALTIMO	DALTIMORE JRS AFTER DEA 3. GIVE PAGES WITH FORM F I. PAGES I AN DIVISION OF	16a. V {Y	VAS DECEASE	D EVER IN U.S.	ARMED FORCES? SIVE WAR OR DATES)	16b. SOC	IAL SECURITY	NO.	DALE	BROW	N 418	A B	Annapo] sotson	lis, Hei	Md. 2 ghts C	1401 rrcle
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	O MEDICA XECUTE THE AGE 4 SH TO FUNER AFTER DEAT		EXAMINER'S (TYPE OR PRI	NT)	Ann M.	Dixor	n, M.D.		ADDRESS_		Penn	St. I	Balto.,	,MD.		
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	DHMH - 17 (VR A15 ME (5))		UNERAL DIRECT	11111	apolis, Md	. 214 JARY,	01 P.A.			MAY	7	1984	Letia Dav	ridson	Mandal	6

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h	FOR - STATE		STATE OF MARYLAND		
9/	REGISTRAR		MINER'S CERTIFICAT	E OF DEATH REG. NO.	
	DECEASED NAME TIRS	ie B	Brown	OF ESTI- DEATH MATED A	13 19 84 N
SN STREET	M New	MONTH DAY YEAR LA	ST BIRTHDAY) MONTHS DAYS HOUR	DER 24 HRS. 20. DATE S MIN. PRONOUNCED DEAD	
包含	E BIRTHPLACE (DIATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER M	ARRIED 9 BALTIMORE CITY OR CO	
1/	GEORGIA	U.S.A.	WIDOWED DIV	ORCED ANNE ARUNDEL	MD
3	ANNAPOLIS	Howe Arun	SHOME, OR OTHER INSTITUTION DORPES! GENEV	120 USUAL OCCUPATION (TYPE OF WO	ORK 12b. KIND OF BUSINESS OR INDUSTRY
35	SUAL RESIDENCE (IF IN NURSING HO	OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	ADMISSION)	15? 13e. STREET ADDRESS - Jud	Street
1	THOMAS	MIDDLE BROWN	15. MOTHER'S M FIRST MARY	AIDEN NAME MIDDLE LAWS	S ON
16	(YEAR) OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES) 166 SOCIAL S 255-12	-3887 HELEN B	Annapolis ROWN 520 3rd St.	s, Md. 21403
	Conditions, if any, w gave rise to immed cause (a) stating the unlying cause lost. PART 2 DTHER SIGNIFICANT CONDIT	DIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE (b)	ASC VI	D,	
PRIOR TO BURIAL CREMATION,	190 DATE OF OPERATION 210 EXTERNAL CAUSE WAS	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED?		2D. AUTOPSY?
7					YES NO
		HOUR A.M. MONTH DAY	YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
	CONTRIBUTING CAUSE 71d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT STREET, FACTORY, FARM, ETC.)	HOME, 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	death resulted fram: N ACTUAL SIGNATURE	harge of the remain described above, he latural causes Accident Accident	Suicide , Homicide TITLE (SPECIF) M.D. Deputy	Undetermined monner , () MEDICAL EXAMINER SI	ATE GNED 4/15/54
7	(TYPE OR PRINT)	villiam P. Jones, N		America Ct Davidson	wille 21035
	BÜRTAL	4-18-84 HILL	OF CEMETERY OR CREMATORY CREST CEMETERY	Annapolis A.A.	Maryland
	FUNERAL DIRECTOR AND WILLIAM REESE &	apolis, Md. 21401 SONS MORTUARY, P.		APR 19 1984 Julia Dan	r's signature

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pt #	1.	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE 0 9 0 /	0
10/1		REGISTRAR CEASED NAME FIRST OR PRINT)	MIDOLE	CERTIFICATE OF DEATH	REG. NO.	OAY YEAR 2b. HOUR
a Can	3 SE		MES WOOD	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	16 UNDER 1 YEAR IN UNDER 24 HES. MONIHS DAYS HOURS MIN.
	70 B	MHLK RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	11/20/21	9. BALTIMORE CITY OR COUN	
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iote be execut ysician and co opers. Pages 1 vol. it, the medical	160 \	VAS DECEASED EVER IN U.S. AR VEG. NO OR UNKNOWN) (IF YES, GIV WW	E WAR OR DATES)	398 ELZABETH	R. Burch #	13
٠٠ الله الم و ١٠ ا		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), or D BY: E CAUSE (a) CARC	NOMA, COL	ON	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
of the death cert by the offending is remove carbor cremation, or ret		Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A CONSEQU	OMA METASTA	TIC TO LINE	R 6 MOS.
d the		cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEOU			
	NOI			DEATH BUT NOT RELATED TO THE TER		
The low re ricion. The hos been as the prior rigiene prior rigiene prior shows any in	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO P	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
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TTENDIN ortal ar TOR: Af far use o af Health		saw the deceased alive on	tal) attended the deceased from 19	$\frac{\infty}{34}$, and that in (my) (m) opinion	on death accurred on the date and	, 1984, that (I) (we) lost hour and from the causes stated
TAL OR ATT y the haspi RAL DIRECT detached for ore Dept. of		226 SIGNATURE	Al Cera	DEGREE ATTENDING PHYSICIAN		10 APR 84
HOSPIT HO	1	22d PHYSICIAN'S NAME (TYPE O	N. PETERS	2510 R	NA RO ANN	APOUS MM
BP	230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OF CREMATORY	23d OCATION City ORTOWN	AA M
DHMH - 16 50M 4/83 (VRA 15, 4)	74. F	UNERAL DIRECTOR	CHOOK FROM		PR 1 1 1984 Pulia	Sistrar's signature Davidson-Randelle



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the offending physician remove carbon popers. P

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USU M	AL RESIDENCE (IF NURSING HOME OF STATE 13MCOU	e runde	gic C Pasadena	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	th. Sta	eet 2	1122
H4 E	Norman.	WIDDIE	Guinn	15. MOTHER'S MAIDEN NO	Thenown Jobe		LAST	1
	WAS DECEASED EVER IN U.S. AL	RMED FORCES? VE WAR OR DATES)	218-22-4432	Mr. Frank B	unns (Husba	and) Sa	me as	13e.
	gave rise to immediate cause (a), stating the underlying cause last	(c) A	AS A CONSEQUENCE O ASCVD NTRIBUTING TO DEATH	F BUT NOT RELATED TO THE TERM	NNAL DISEASE OR CON	DITION GIVEN	IN PART 10	31
ICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V		
CERTIFICATION		216. TIME OF	INJURY	21c. HOW INJURY OCCUR	YES NO	IN CERTIFYIN	G CAUSES	
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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REGISTRAR

1. DECEASED NAME

21061 13e.STREET ADDRESS / ZIP CODE 112 Country Club Drive Woodson 214-20-6377 Shirley Hines 112 Country Club Drive IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART THE 206. IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? YES [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and have and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 7845 OAKWOOD ROAD, BURNIE, MARYLAND 21061 Md . STATE Arbutus, BURTAL 4/25/84 COUNTY Arbutus Mem. Pk. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 BEGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 Wm C March F/H Inc. 1101 E North Avenue (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

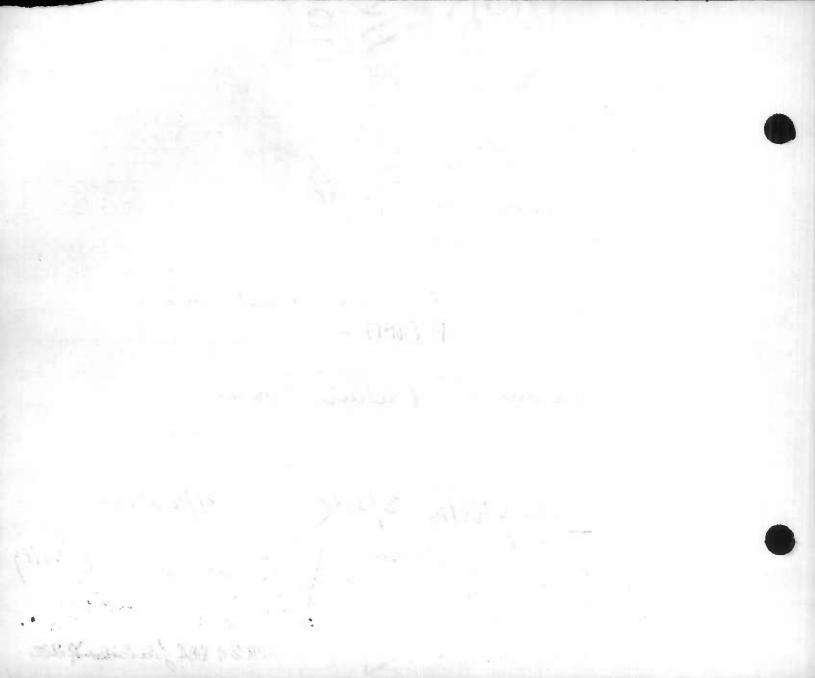
12b. KIND OF BUSINESS OR

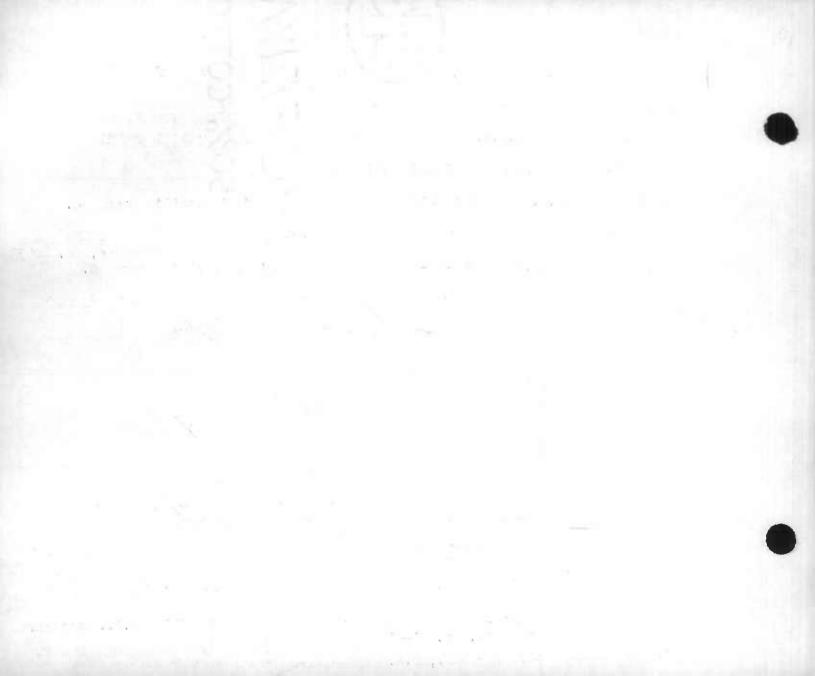
IF UNDER 24 HRS

23, 1984

IF UNDER TYEAR

20. DATE OF DEATH MONTH





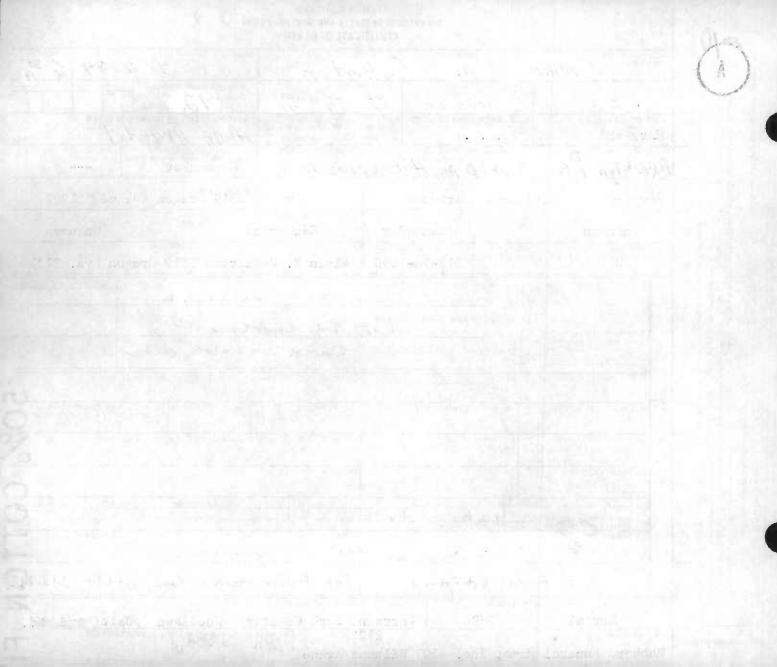
Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE

DHMH - 16 50M 4/82

(VRA 15, 4)



3-	1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTALIHYO CERTIFICATE OF DEATH		3
2	1.0	DECEASED NAME PIRST	WIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 2b HOUR
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(A 1)	1.3	KIM_	I4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	- ,	AAT 27	ACTAN	MONTH DAY YEAR	01 405	MONTHS DAYS HOURS MIN.
1110		BIRTHPLACE (STATE OR FOREIGN	75. CITIZEN OF WHAT COUNTRY	04 25 02	9. BALTIMORE CITY OR COUNT	Y OF DEATH
\$ 25 %	1	COUNTRY	U.S.	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNDEL	COLINERY
8 54/9	10	KORFA CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
f #2	3	ANNAPOLIS	ANNE ARUNDEL GI		TYPE OF WORK FOR MOST OF WORKING	NONE.
8 1 2 4	PU:	UAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)		
at plan in	6	D. STATE 13b. CO	E ARUNDEI ANNAPOL		130 HEARNE ROAT	
4 42 4	J 414	FATHER'S NAME	E ARUNUBIIANNASULI	15. MOTHER'S MAIDEN NA		
3 47 8	2/1	FIRST LT	MIDDLE 1 LAST	C TRST	MIDDLE	17c1
# 8:0%	160	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	1130
and one	/	***	GIVE WAR OR DATES)	San T	SAI 1461)	- ARAUF
4 65 th	' I=	NO.	117754343		211 1130	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
9 200		PART I. DEATH WAS CAUS	anly ane cause per line far (a), (b), as SED BY:	0 .	great	BETWEEN ONSET AND DEATH
9 0.0		1120 SIMMEDI	ATE CAUSE (a)	l'o pulmonar	0 - 000	
4 4994		17272	DUE TO, OR AS A CONSEQU	41 A n	6.	
4 6 6 6		Canditians, if any, which gave rise to immediate	(16) anteria	sclenbic Can	dip variates of	ideas
2 2111		cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
1 th		underlying cause last.	(c)			
urren ignes en pl s burs ury, o	2		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART Tra
nen	9	190 DATE OF OPERATION	IN CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
4 4 6 6	9	DATE OF OPERATION	148. CONDITION FOR WHICE	OPERATION WAS PERFORMED	IN CERT	TIFYING CAUSES OF DEATH?
The state of	4	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121. HOW BILLIAN OCCUP	YES NO NO NO NEED YES NO NO NEED YES NO NO NEED YES	YES NO
A the state of the	1 30	OR CONTRIBUTING CAUSEOS			KED (ENTER NATURE OF INJURY IN ITEM TE	, PART T OR PART 2)
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E TAN	1 5	21d. INJURY OCCURRED	210. PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
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ATTEN Spital CTOR d'for of 1. of Hs		saw the deceased alve abave, (1) (we) (did) alid	the body after death.	and that in (my) (aur) apinian	death accurred an the date and he	our and fram the causes stated
化十 医耳音音		22b. SIGNATURE	7) 1	DEGREE	1	224 DATE SIGNED
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5 5 5 7 3 3-	77	BURIAL CREMATION REMOVA		NAME OF REMETERY OR CREMATORY	D ROAD GLEN BUR!	HE MANYLAND
DD.	1"	12001-1-0	0 4/19/84	19 (de C	1 GITY OR TOWN	COUNTY STATE
ВР	24	FUNERAL DIRECTOR	17/1/07	1250 DA	TE REC'D. BY RECEIPANDLE RECU	STRANGA SIGNATURE
DHMH - 16 50M 4/B2	2	DIAMED & KA.	DODRESS	- na DAPRI	8 DRA Julie Davids	m-forpetto
(VRA 15, 4)	-	1 Huax HAM	uneo suu	1 1/4 1/4		

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	DATE CHARLES WATER	
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	No. of the last of	

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLAND 21201	TO HOSETAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page A retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral function and about the burief transit permit. Then please remove carbon popers, Pages 1 and 2 should be filled within 72 foursement of
	TO HOSPITAL	TO FUNERAL

X 8	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYLA ALTH AND A CATE OF D	WATAL YG	IENE ()	9 () REG. NO.	7 6	B	DT
1786		CEASED NAME FIRST WALL		USSELL	CHILD		SR	20. DATE OF D		29, 198		R AM
(A)	3. SE	mal	4 RACE	it	5. DATE OF MONTH	BIRTH	1912	6 AGE (IN YEAR		YRS.	HOURS	24 HRS MIN.
A THE STATE OF THE		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	MARRIED WIDOWE	NEVER A	AARRIED			NDEL COU		MD.
by the tiled with	10 C	GLEN BURNIE	"NORTH	OSPITAL, NURSIN	HOSP:		NOITUTI		CUPATION OR MOST OF WOR	KING LIFE) 12b. KIN INDUST	D OF BUSINE	ssor
in 24 hour phy falled in thousand the	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136, COL		IVE RESIDENCE BEFORE 30. CITY OR TOW	Ne	13d. INSIDE C	NO NO NAME		DRESS / ZIP		ad 211	80
ond and and and and and and and and and a		Nathan	WIDDIE	hilds		1	Lda		WIDDLE	Who	tson	
on and co		VAS DECEASED EVER IN U.S. A	RMED FORCES? 1 GIVE WAR OR DATES)	12-65-4	RITY NO.	Suza		Fibbons	Child:	s	teas	
physical physical embober event, th		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA		ne for (o), (b), and	dieni	uple	udie	my	aeli	BETW	ROXIMATE INTER EEN ONSET AND	DEATH
death ce ottending ove carb fron, or r aumatic		Canditions, if ony, which	DUE TO, OR	AS CONSEQUE	PCE DE	0		V				
s that the death ce ed by the attendini please remove carb rial, cremation, or rial, or or other traumatic		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR	as a conseque	NCE OF							
quire sign Then p to bu	N 0	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	NTRIBITING TO D	DEATH BUT I	NOT RELATED	TO THE TERM	INAL DISEASE (OR CONDITIO	DN GIVEN IN PAR	f lia:	
ion. I has been the prior the prior tene prior tows any ii	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION	WAS PERFO	RMED	YES 1		VES, WERE FIN CERTIFYING CAU YES [H?
PHYSICIAN: TI ending physicia this certificate the buriol-transition ad Mental Hygi d or Item 18 sh		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN		MONTH DA	AY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATU	RE OF INJURY IN IT	TEM 18 PART I OR PART	2)	
offending of the burner of the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O (AT HOME STREE	F INJURY ET, FACTORY, OFFICE F	ARM, ETC)	21f LOCATIO	N	0/0	CITY OR TOWN	COUNTY	51	TATE
TTENDING Points or atternation of the steel of Health and all is marked		22a I certify that (I) (this) as sow the deceased alive of bove, (I) (1) (did i) did i	pital) an indeal) le	fee ased from_	4/4	that in (my)	, 19 (aur) apinion a	tadeath accurred	an the date a	nd haur and Iram	, that (I) (v	
AL OR ATT the haspin AL DIRECT Intached for the Dept of		22b. SIGNATURE	yn K	Daw	7 P	PEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		ATE SIGNED	Ry
HOSPI The Sold be the Sold be		JORGE B. R	V	I.D.	0	220 APDRES	10	45 OAKW	OOD RO		E 205	1
PF 247 ₹-	23a. E	SURIAL, CREMATION, REMOVA SPECIFY)				METERY OR	1	M. LOCAT	LSville	QUNITO .	W	5
DHMH - 16 50M 4/83 (VRA 15, 4)	1	UNERAL DIRECTOR	1 0.	cl- Ann	apoli			REC'D. BY REC	SISTRAR 256	REGISTRAR'S SIGI		12

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Singleton Funeral Home, Glen Burnie, MD

- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL-HYGIENE

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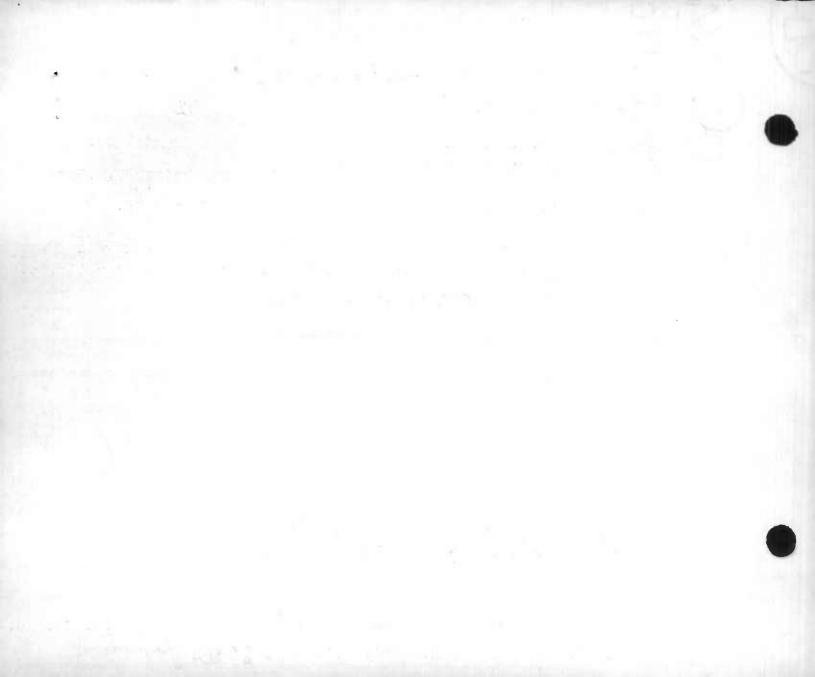
Lika Dairan

- STATE

(VRA 15, 4)

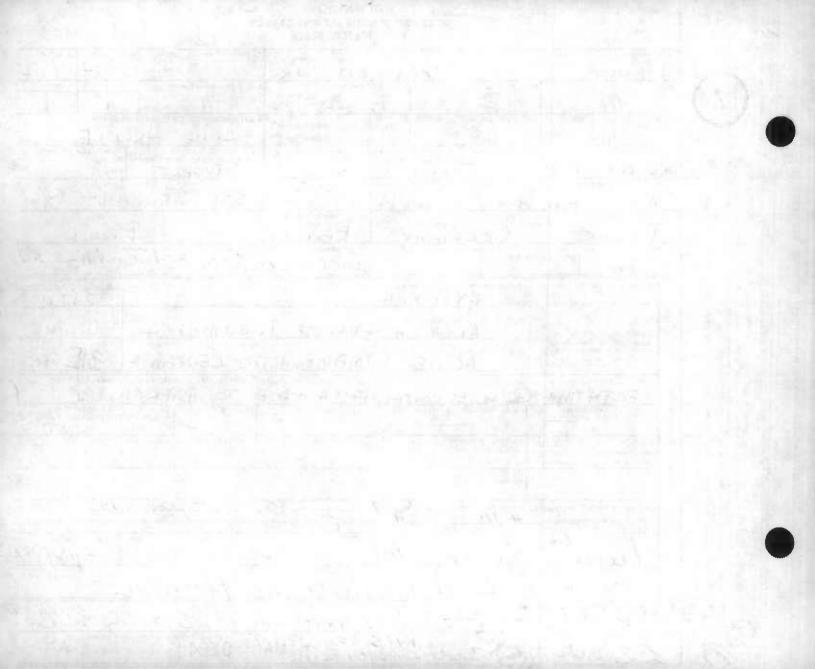
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



V	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 0 9 U /	
h y	(IV)	CEASED NAME FIRST	WIDDLE	LEMAN JR.	20 DATE OF DEATH MONTH DAY	YEAR 20. HOUR 1:00 Am
age 4 may	3. SE	. m	A RACE B	S DATE OF BIRTH MONTH DAY YEAR 28 72	// YRS	UNDER I YEAR IF UNDER 74 HRS
r death. P	(MD MD	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED MIDOWED DIVORCED	ANNE ARY	NDEL MD.
ours after the factor of the f	5	UREDA PARK	334 JENNI	NGS AD.	12R USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
ithin 24 h	130	STATE BOOK ON ALLES	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 134-CITY OR TOV SEUCLE	I 13d. INSIDE CITY LIMITS? YES NO D 15. MOTHER'S MAIDEN NA		THE PO
couted wii	1		MED FORCES? 166 SOCIAL SECT	BERNICO	MIDDLE	BROWN
ian and Pages		YES, NO DRUNKNOWN) (IF YES, GIVE	WAR OR DATES)		essick 331 E	nnings Kd
certif g phy in pap remo		PART I. DEATH WAS CAUSE	ly ane couse per line for (a), (b), or D BY E CAUSE (a) HY PO 2	(1A		BETWEEN ONSET AND DEATH 24 Tell.
the deal e attend nove carl mation, ther trau		Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE	A + DIFFUSE F	DEUMONIA	2 WKS.
equires that signed by the n please rem of burial, creating, or o		underlying couse last.	DUE TO, OR AS A CONSEQUENCE CONTRACTOR OF THE CO	ENCE OF YMPHOBLAS DEATH BUT NOT RELATED TO THE TERM	FIC LEUKEMIA	· 31 YES
e faw require. S been signific. Then prior to b	ATION	ECTHYMA	& AUTECUB	TAL FOSSA - PU	E TO ASPERGI	WERE FINDINGS USED
The The	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	YES NO YES	NG CAUSES OF DEATH?
PHYSIC ng physic this certif until trait Mental b	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21s PLACE OF INJURY	19 21f. LOCATION		
ENDING r attending R. After e as the b multh and is marks	ME	WHILE AT WORK TO AT WO	(AT HOME, STREET, FACTORY, OFFICE, tal) attended the deceased from	FARM, ETC) STREET	city or town	COUNTY STATE
TRATTE outpitzt o outpitzt o other us of His u	1	sow the deceased alive on above, (i) live (did) (did-go 27b SIBNATURE	4 1/0 19	and that (my) (aur) apinion	death occurred an the date and hour o	0
PITAL DI ERAL DI ERAL DI State Del		THE PRESIDENT NAME THE OF	Leedy	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	4/12/84
TO HOSPITAL retrained by the TO FUNERAL should be detail with the Sate i	230.	BURIAL, CREMATION, REMOVAL	E. LUNGT	NAME OF CEMETERY OR CREMATORY	DD. HOSPITAL	
BP		SPECIFY BURIAL UNERAL DIRECTOR	4-17-84 SA	1168 F.B. Church Ce	EREC'D. BY REGISTRARIZSH REGISTRA	OUNTY STATE OF AR'S SIGNATURE
DHMH-16 25M (VRA 15, 4) 1/79		BROWN-T	HOMPSON ;	ZACTO, ST, MI	AY 91984 Julia Dae	idson-Randell

STATE OF MARYLAND



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CERTIFICATION	19a. DATE O	FOPERATION		196 CONE	DITION F	OR WHICH	OPERATIO	AW NO	S PERFO	RMED?						20	AUTOPS	Y?
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MEDICAL	21d INTURY	ING CAUSE OF				JRY (ATHO			ATION	iges te	:u	2						
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		ify that I took charg						Autopsy		Inspection		Inqu		ond	in my o	ріпіоп		
	death resul	ted from: Natu	iral cause	s LJ,	Accid	ent III,	Suicide	LØ.		icide .	Unde	termined	manner	<u> </u>				
	ACTUAL SIGNATURE	M	DUN	By	Mor	W S	ull)		specify) Lstant	- 4455	NCAL EX	AMINER		DATE	4	-10-	-84
6			7					M.D	11001	LD COIT	- MEL	ICAL EX	AMINER		SIGN	IED	10	
	EXAMINER'S	NAME Mare	gari	ta A.	Ko	ell,	M.D.	A	DDRESS_	111 1	Penn	St.	, Bal	to.	, Mc	d	2120)1
23a.	SPECIFY)	TION, REMOVAL				3c. NAME C				ORY	23d. LC	OCATIO OR TOWN	Ν		COL	UNÏY		STATE
24	CREMAT		04-	14-84	+	L	DUDON			126- DAYE	BA1	LTIM	ORE (RYLA	
	BIASSE	FUNERAL F	IOME	ACCRE	55 /17	07 T/T	_	2122 S AV	Æ.	25a. DATE	PRI	3	3841	, REDIS	WAK 3	SIGNA SIGNA	The Mo	الالالم
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	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be executed by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completify tilled in by the later bit directors, should be detached for use as the buriol-transit permit. Then please remove corbon papers. Paper I and 2 should be filled within 12 hallowith the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.
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STATE OF MARTLAND RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE O	9	Û	8	1		
CERTIFICATE OF DEATH		REG.	NO.				
LAST	20. DATE OF	DEATH	MON	TН	DAY	YEAR	26. HOUR
nway	Apr	il	14.	19	84		SA
A DATE OF BIRTH	LACE IN	EARCAACT.	DIDYLLDAN		IE LINIENE	D L ME AD	IE HAIDED OANDS

	1 -	FOR STATE REGISTRAR			EALTH AND MENTAL HYG	REG. NO.				
		EASED NAME FIRST	MIDDLE		ASI	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR		
ı	(TABE	Ruth	Leon	Conway		April 14.19	84	188 M		
Ì	3 SEX	(4 RACE	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
I		Female	Cauc.	MONT	2/08/02 YEAR	81 yrs.	MONTHS: DAYS	HOURS MIN.		
đ	7a BIR	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHA	I COUNTRY? 8		9. BALTIMORE CITY OR COUNT	Y OF DEATH			
1	C.	lenton Tenn.	U.S.A.	WIDOWE	D NEVER MARRIED DIVORCED D	A . A .		MD.		
1	1	TY OR TOWN OF DEATH nnapolis	(JE NOT IN SUCH FACI	PITAL, NURSING HOME OF	OR OTHER INSTITUTION	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Secretary		FBUSINESS OR 1 Servi		
	USUA 13a. S	AL RESIDENCE (IF NURSING HOME (TATE 13b. COL	OR OTHER INSTITUTION GIVER	PESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO 3	13e.STREET ADDRESS / ZIP COI		14		
/	14 FA	THER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAIDEN NAM	ME	LAS	sT .		
4	160 \0	VAS DECEASED EVER IN U.S. A	R. PMED ECONCESS TIME	White SOCIAL SECURITY NO.	Maggie	Cathcart				
ı		(IF YES, C	GIVE WAR OR DATES)				roadvie	W		
١				30-26-3253	Jane S.Bra	intley Annapol		MATE INTERVAL		
ı		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	BETWEEN	MATE INTERVAL ONSET AND DEATH						
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	23a B	BURIAL, CREMATION, REMOVA	AL 23b DATE	23c NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE		
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DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If Item 21 is

24. FUNERAL DIRECTOR 12 Ridgely Ave Hardesty Funeral HomeAnnapolis Md.21401

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
APR 1 7 1984

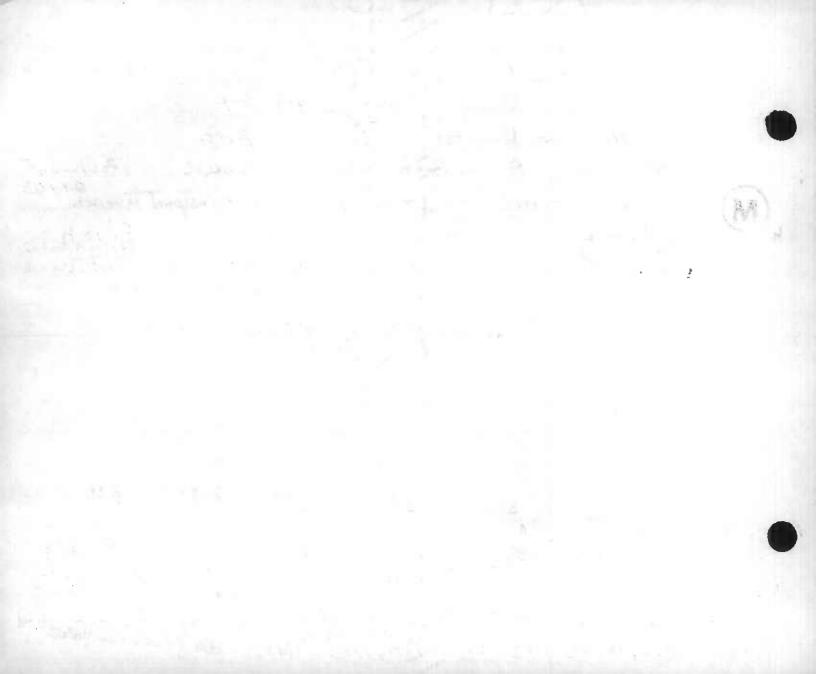


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STATE OF MARYLAND

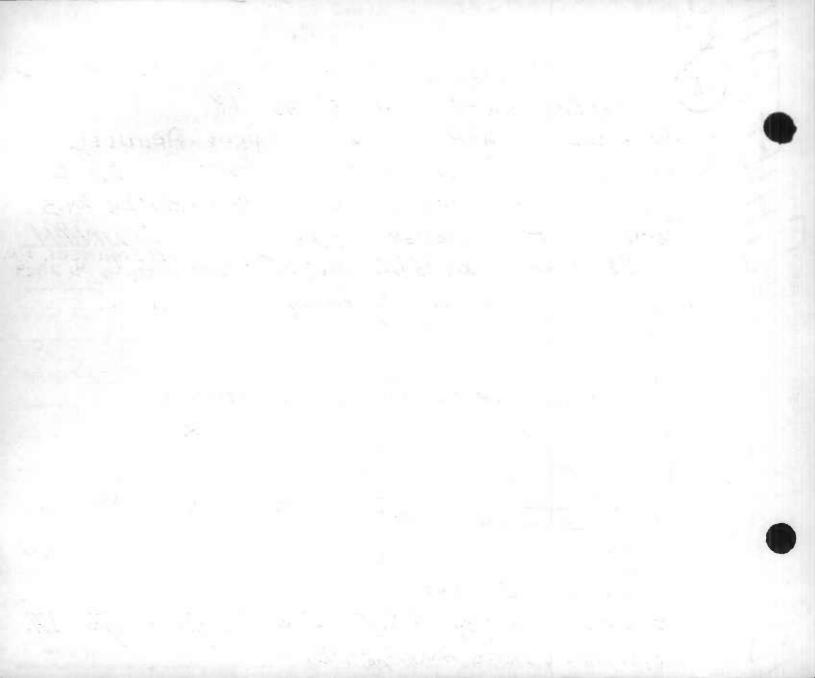
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STATE OF MARYLAND

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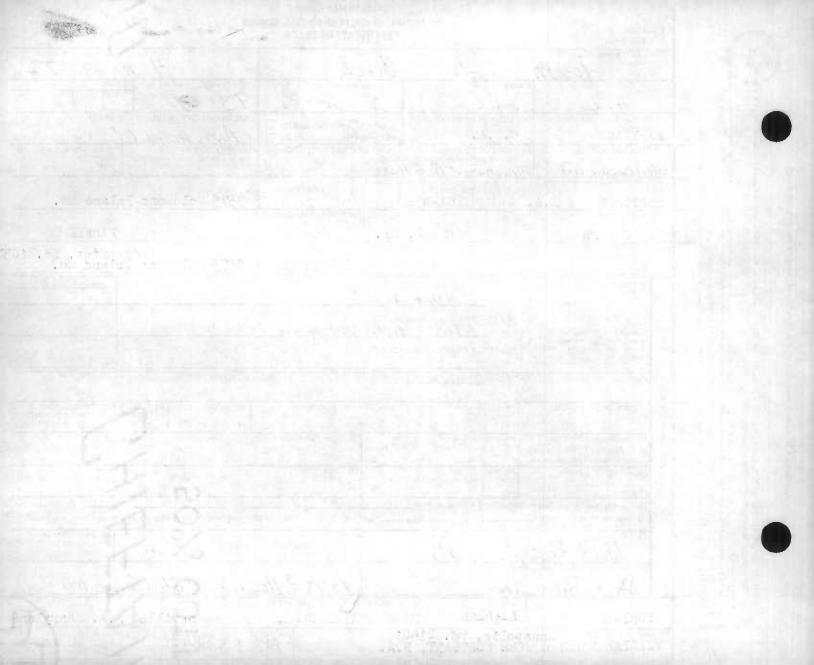
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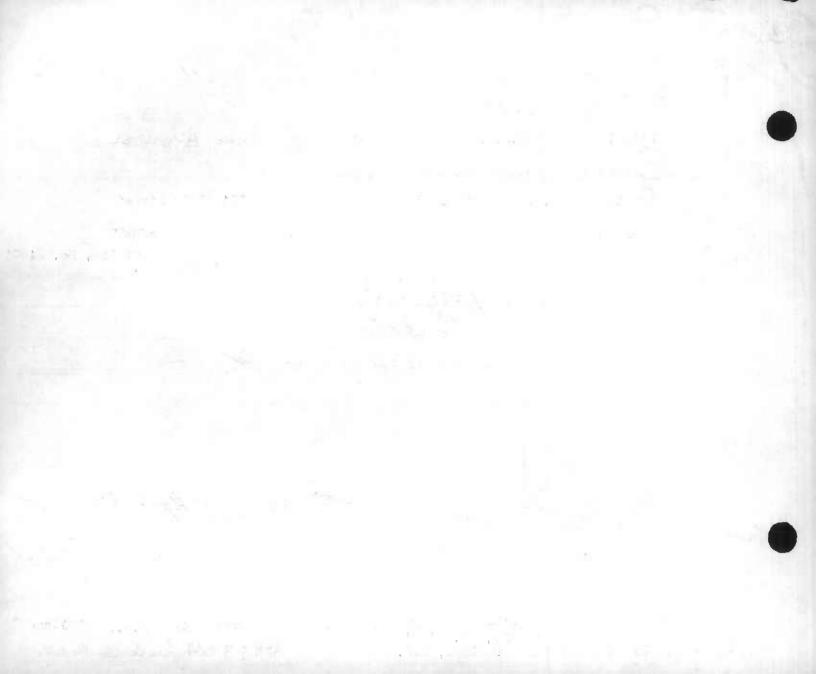
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH 2b. HOUR 84 audo 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS MALE BLACK 25 06 78 a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED MARYLAND U.S.A. ANNE ARUNDEL COUNTY WIDOWED DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! ANNE ARUNDEL GENERAL HOSPITAL ANNAPOLIS MARYLAND 21201 NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY ANN APOLIS 13d. INSIDE CITY LIMITS? 13 1410 Log Inn Road NO 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE ALBERT AGNES CROMWELL PORTER PRESTON ST., BALTIMORE, 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Annapolis, Md. 21401 ages (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 212-18-0944 MARIE CROMWELL 1410 Log Inn Rd. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 DIVISION OF VITAL RECORDS, CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION ŏ CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC) STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deseased fram saw the deceased alive an and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated abave, (1) (we) (did nat) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS IMPORT, 231. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION COUNTY STATE BURTAL SBURY BROADNECK CEME ST 101 1250 DATE REC'D. BY REGIS DHMH - 16 50M 1/B1 APH 1 9 1984 (VRA 15, 4) REESE & SONS MORTUARY, P.A. toppy toppy toppy

A 4 4 THE REAL SECOND AND ASSESSMENT OF THE SECOND SECOND

3	1.	FOR STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY IFICATE OF DEATH	GIENE 0 9 0	9 0
		CEASED NAME FIRST	m. cRo	NEY	2ª DATE OF DEATH MONTH	11 84 9 AM
ge 4 m r	3. SE		BLACK 5. DAT	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) YR	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
rer deoth. Poge 4 re funerol director within 72 hours of	1	RTHPLACE (STATE OR FOREIGN COUNTRY) N TUCKY	U.S.A. WIDO	NEVER MARRIED WED DIVORCED	ANNE ARUN	
5 = Z/	A	NNAPOLIS	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ANNE ARUNDER GE	NERAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
ed within 24 hou mpletely filled in ond 2 should be examined in section of the state of the section of the sect	MA	ARYLAND A	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO UNTY 134, CITY OR TO	YES NO	13. STREET ADDRESS / ZIP CO	2006 Treet 2140/
ompletely fi		SAMUEL	GORDON LAST	15. MOTHER'S MAIDEN N	MIDDLE	RRETT
be executed ion and compared ion ond compared ion ion ond compared ion		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (16 YES, NO	ARMED FORCES? IM. SOCIAL SECURITY NO GIVE WAR OR DATES)	FANNIE M BRO	ADDRESS An OWN 2001 Allis S	napolis, Md. 2140:
NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours ottending physician. Where this certificate has been signed by the ottending physician and completely filled in by as the burial-stansif permit. Then please remove carbanpapers. Pages I and 2 should be filled to and Mental Hygene prior to burial, cremation, or removal. Only A Mental Hygene prior to burial, cremation, or removal.	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	JT NO RELATED TO THE TER	RMINAL DISEASE OR CONDITION	GIVEN IN PART 110.
The low reicton. The how re icton. The hos been as the permit. If shows only in the host on	CERTIFICATION	19g date of Operation	19b. CONDITION FOR WHICH OPERAT		200 AUTOPSY? 200. IF IN CE YES NO STREED (ENTER NATURE OF INJURY IN ITEM	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
Do 4 so E	MEDICAL CE	sow the deceased of the	DEATH HOUR A.M. MONTH DAY YEA	ZH. LOCATION	CITY OR TOWN	COUNTY STATE 19 51, that (1) (mortost
TO HOSPITAL OR ATTEN retained by the hospital TO FUNERAL DIRECTOR should be detached for u with the State Dept. of HumORTANT: If them 21 is	730	22h SIGNATURE	Deep i	ATTENDING PHYSICIAN 22e ADDRESS CEMETERY OR CREMATOR	DIRECTOR PHYSICIAN	1 (Green 8)
BP DHMH - 16 50M 4/83 (VRA 15, 4)	B1	JRIAL	1	WN MEM. PARK	Annapolis At REC'D, BY REGISTRAR 755 REC	Maryland Jairdson-Randsee



20M 4/82

Principal Company of the Company of Telegrana and Arthury P.A. STATE OF MARYLAND,
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Filtran and The Land Committee of the Co and the second s STATE OF MARYLAND,
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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BP. DHMH - 16 50M 4/83

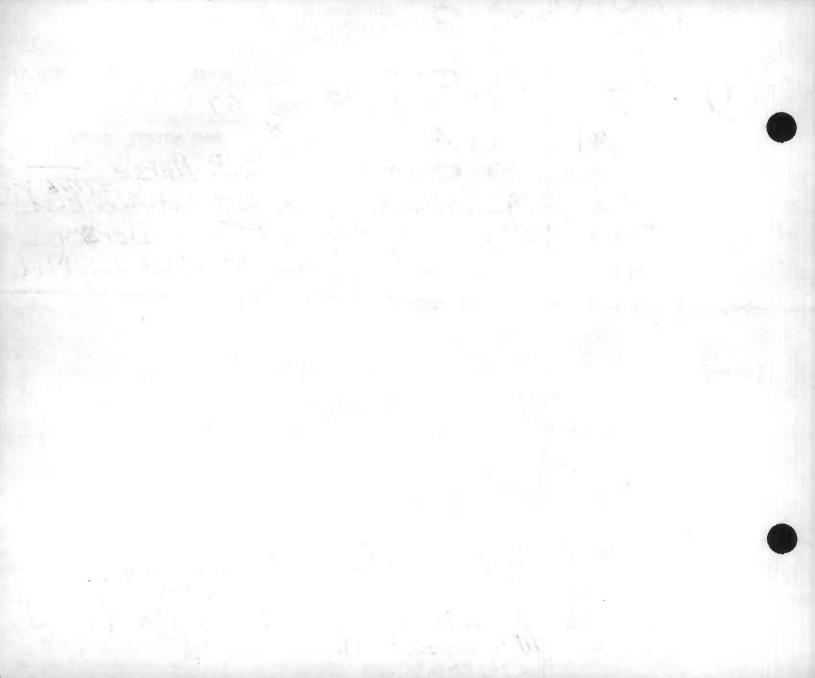
(VRA 15, 4)

STATE OF MARYLAND

1	1 -	FOR STATE		DEPARTM	LENT OF H		YGIENE	10	0 1	No.		
ı	М	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO				EST
Ì		CEASED NAME FIRST	٨	VIDDIE	L.	AST	2a D/	ATE OF DEATH M	AONTH D	YAC	YEAR	2b HOUR
I		RFRT	НА	WIGGINS	DAVI	S		APR II.			984	0515 M
ľ	3. SEX		4. RACE		S. DATE C		á. AG	E (IN YEARS LAST BIRTH		IF UNDER	DAYS	HOURS MIN.
J		Female	Whi	te	Jul	y 6,1896 [™]		87	YRS.			
4		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9. BAI	LTIMORE CITY OR	COUNTY	OF DE	ATH	
7	1	Virginia		S.A.	WIDOWE	DIVORCED [ANNE	ARLIND		COUNT	
1	10 CII	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION		ISUAL OCCUPATION OF WORK FOR MOST OF			KIND OF USTRY	BUSINESS OR
	/	GLEN BURNTE		TH ARINDE		PITAL	Se	cretary	7		Of	fice
1	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.ST	REET ADDRESS /				
2	Ma	aryland A	.A.	Miller		Lees □ NO 🔀	49	93 01d C	rcha	ırd	Cr	21108
1	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN N	NAME	WIDDLE			LAST	
1		ASA		Wiggin		Nettie				Tho	omas	5
7	16a. W	VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU		17. INFORMANT (Dat						
1		res no or unknown) (IF YES, GIV	////	226/05/	31 98	Mrs. Jean	Mer	ndelsohr	ı Sə	me		#13
Į		18 CAUSE OF DEATH (Enter or	nly one couse per			A 0+				80	ETWEENO	NATE INTERVAL
		PART I. DEATH WAS CAUSE	TE CAUSE (0)	Kespi	ralor	y Arrest				4	10 %	nin
		5860	DUE TO, O	R AS A CONSEQUE	NCE OF					1	ruk	monn
ı		Conditions, if any, which	(b)	Kenai	ta	ilure				-	D	
1		gove rise to immediate cause (a), stating the	DUE TO, O	r as a conseque	NCE OF							
H		underlying couse lost.	((c)									
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO		DEATH BUT	NOT RELATED TO THE TER	RMINAL	DISEASE OR COND	ITION GIV	EN IN P	ART Ito	,
7	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200	a AUTOPSY?	20b. IF YES			GS USED OF DEATH?
1	TIFIC						YE	S NO		S 🗌	.AUJEJ (NO [
7		21a. ACCIDENT WAS UNDERLYING	21b. TIME O		AY YEAR	21c. HOW INJURY OCCU	URRED (E	ENTER NATURE OF INJURY	Y IN ITEM 18 P	ART 1 OR	PART 2)	
	CAL	OR CONTRIBUTING CAUSE OF DE	AIH		19							
Ų	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY	ARM FIC \	211. LOCATION STREET		CITY OR TOW	VN	COI	UNTY	STATE
	2	AT WORK AT WORK			- 3				11			
		22a I certify that (I) (this hosp	1/ 1/		3-	28 19 8	10	0 4-1	*	19_		that (I) (we) last
		sow the deceased alive or above, (I) (we) (did) (did po		7	1	nd that in (my) (our) opinio	on death	occurred on the do	te and hou			
		22b. SIGNATURE	4	4		DEGREE ATTENDING	. AF	DICAL STAF	F	224	C DATE S	SIGNED
Ц		10	2	12		PHYSICIAN 224. ADDRESS		ECTOR PHYSICI	IAN 🗌		47	4-04
		22d PHYSICIAN SHAME (TYPE	OR PRINT)			176. ADDRESS	7845	OAKWOOD	RAOD	, SI	UITE	104
		BURIAL, CREMATION MAIOVA	PHY 1	18. 2361	VAME OF (EMETERY OR EREMATOR	VOIC 13	TIOCATION IL	AND	210		STATE
	(Buria	1984	The same of the sa	nnis	ula Mem. P	rk	Newport	Nev	COUNT S	17	Va
	.24 FL	JNERAL DIRECTOR	Ne.	ADDRESS				D. BY REGISTRAR	2 0 . 1	15 0 0	-	2
	5	Singleton Fur	neral H		n Bu	rnie, Md At	K1	7 1984	quilax	AU4d.	301-1	fandale.



STATE OF MARYLAND,

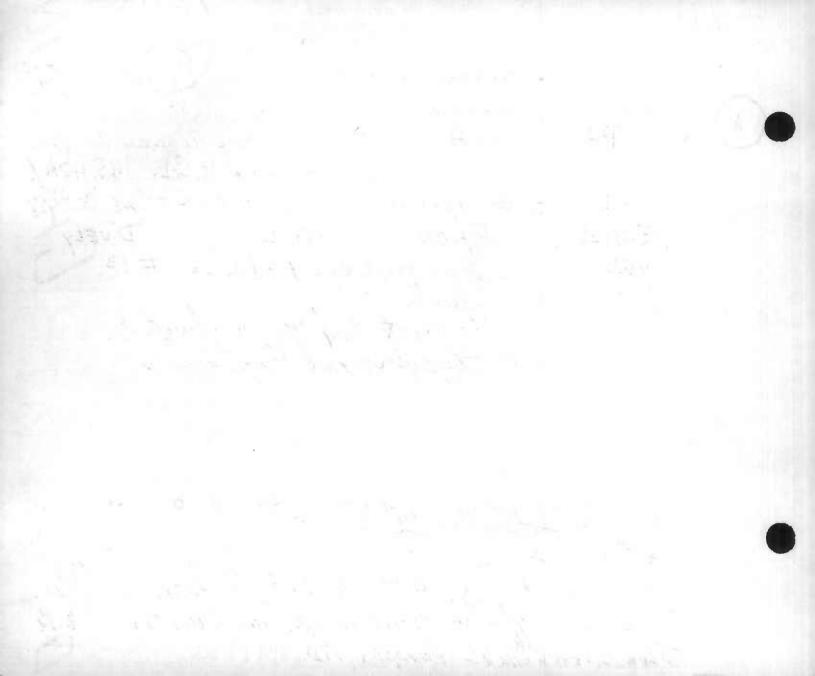


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG	. NO.	/	Live -
Ī		CEASED NAME FIRST	A	AIDDLE	4	AST	20. DATE OF DEATI	MONTH /	DAY YEAR	2b. HOUR
		Charles	David	Dempse	ν		4 /	5 /	84	330 PM
3	. SEX	M	1 RACE Cauc		S. DATE C		6 AGE (IN YEARS AS	/	FUNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
Я	a BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH	
21		Va.	11.	S.A.	WIDOWE	_	ANNE F	eunde	Coun	HU MD.
7		TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUP	ATION	126. KIND C	OF BUSINESS OR
7	A	Silogous		Reundel		BEED! HOSE.	Railroa			on Statio
	JSUA Jac S	AL RESIDENCE (IF NURSING HOME TATE 13b. CO	OR OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRE	S / 7IP CODE		
		MD	A . A .	Edgewa		YES NO	1550 B		A 1	21037
1	4 FA	THER'S NAME	MIDDLE	JAST		15. MOTHER'S MAIDEN N		J	LA:	· ·
7	S	ilas Howar				Eunice	Hughes	Demps		
1	60 V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	AD	DRESS Ed	gewat	er Md.
L			WII	577-18-	4899	Thelma De	empsey 15		gely 1	Dr.
ľ		18. CAUSE OF DEATH (Enter	only one couse per	line for (a), (b), and	d (c).)	1.	1 T/	15	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
1		PART I. DEATH WAS CAU IMMED	IATE CAUSE (o)	acut	11/	yocardia	1 - hate.1	410		
1		4100	DUE TO, O	R AS A CONSEQUE	NCE OF	/				
1		Conditions, if ony, which	((b)_							
		gove rise to immediate cause (0), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF					
		underlying couse lost.	((c)							
1	z	PART 2. OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR C	ONDITION GIV	EN IN PART 1	0
4	CERTIFICATION	190 DATE OF OPERATION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPSY?	20h IF YES	, WERE FINDI	NGS LISED
	FIC.	DATE OF OPERATION	170 001401	TOTAL OR TATELL	O' EKATIO	TO THE OWNER		IN CERTIF	YING CAUSES	OF DEATH?
Н	ERT	21s. ACCIDENT WAS UNDERLYING	21b TIME O	F IN JURY		21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF		S OR PART 2)	NO []
		ØR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA			(critical rations of			
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI	P. 21e PLACE		19	211 LOCATION				
1	ME	WHILE NOT WHILE	LAT HOME, STR	EET, FACTORY, OFFICE F	ARM, ETC)	STREET	CITY	RTOWN	COUNTY	STATE
1		22a I certify that (I) (this ho	spital) attended the	e deceased from			to-		19	that (I) (we) lost
1		sow the deceased alive	on	19	, qr	nd that in imy) (our) opinion	n death occurred on th	e date and hou		
ł		obove, (I) (we) (did) (did 22b. SIGNATURE	not) view the body	offer depth		DEGREE			22c DATE	SIGNED
7		A.M	DA	the name of the na		ATTENDING .	MEDICAL DIRECTOR PH	TAFF		
1		224. PHYSICIAN'S NAME (TY	PE OR PRINT)			22e ADDRESS	Z SMECTON D TH			
1		Howard D	.Goldst	ein		205 Rid	gelv Ave	Annan	lois	Md 21401
		URIAL, CREMATION, REMOV			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	1	SPECIFY) Burial	4/9/	84 F	t. I.i	ncoln	Brent		d. P	. G .
1	24 FL	INERAL DIRECTOR	1 7/3/		V • LI I			AR 256 REGIST		
	Н:	ardesty Fune	eral Hom	e Annap	olis	Md. 21401	DR 6 108	Tukar	Davidson-	Randell.

DHMH - 16 50M 4/83 (VRA 15, 4)





	1	STATE OF MARYLAND
	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 9 0 9
	10	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DE	CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH, MONTH DAY YEAR 26. HOUR
9 0		DUGGAN M WILSON April 28, 1984 1042 M
	3. SE	MONTHS DAYS HOURS MAIN
1		MALE CAUCASIAN 10 21 05 78 YRS
hr		RTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNTY OF DEATH
-11	II	RELAND UNITED STATES WIDOWED'S DIVORCED HINE HRUNDEL MD.
30	10 C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12. KIND OF BUSINESS OR (IF YE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
30	IA	NAPOLIS ANNE ARUNDEL GENERALHOSPITAL ACCOUNTANT TAXI CAB
205	USU 13a.	AL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TATE 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE
80	Inc	ARCYLAND AMMERICUNDER SCHERNA PARK YES NO X 441 BENDALE RD. 21146
10	14. F.	ATHER'S NAME IS, MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE LAST
Colo		HAMILTON DUGGAN (UNKNOWN)
£ 3/		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS VES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES)
med /		NO 127-12-6619 AGNES M. KLEMENS (SAME AS ABOVE (13)
100		18 CAUSE OF DEATH lEnter only one couse per line for (b), and (c). PART I. DEATH WAS CAUSED BY:
ogo mon		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Day
or no		4349 DUE TO, OR AS A CONSEQUENCE OF
HOU.		Conditions, if ony, which (b)
10 11		gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF
5 4		underlying cause last.
o burial	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
10 2	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED
e b	SE SE	IN CERTIFYING CAUSES OF DEATH?
0 1	E E	YES NO YES NO 216, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2)
138		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
1/	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e, PLACE OF INJURY 21f. LOCATION
Pe	ME	WHILE NOT WHILE I LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
morked		AT WORK AT WORK
.45		228.1 certify that (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19
m 21		obove, (b) (we) (did) (did) view the body ofter death. 276 SIGNATURE DEGREE 276 DATE SIGNED
F He		ATTENDING . MEDICAL STAFF
TANT.	1	22d. PHYSICIAN S NAME (TYPE OR PRINT) 122d. PHYSICIAN S NAME (TYPE OR PRINT) 122d. ADDRESS
PRTA		
MITH THE STOP		Charles and the second of the
IMPO **	230	CREMATION REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 238 LOCATION COUNTY STATE
	177	NERAL DIRECTOR - 4-30-84 WESTVIEW CREMATORY WESTVIEW BALTIMORE NO. 1/250 (INTIMORE) BARTORY SIGNAFURE
M 4/B3	1	NAME () What Sandson-hands 12.
, 4)	LK	STREET J. DARRINES SEVERNA MARK, N.D.

A LAND BEAUTIER OF LEAST LAND BUT TO BE SHOWN AND A LEAST BUT THE (investment) HAME BY THE ALL SUCH BY AND SOUGH HAVE IT THE THE with all president of the second of second AL MAY MAY AM NEW STANDS OF THE SEAL OF TH

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X	1 support		FOR STATE			EPARTMENT OF		0		0 0	
1	10'		REGISTRAR		MED	ICAL EXAMIN	NER'S C	ERTIFICATE	OF DEATH REC	S. NO.	
			CEASED NAME	Albe:	rt Myron	WIDDLE	Dunni	ngton	26. DATE KNOWN OF ESTI-	N MONTH	DAY YEAR 26. HOUR
V	- S. S. S. E.		ALBE	RT		DUI	NNI		DEATH MATED) 🗹	19 M
	HO # 01	3. SEX		JE S	DATE OF BIRTH	20 6 AGE (IN Y			R 24 HRS. 2c. DATE	MONTH	DAY YEAR 2d. HOUR
	A STATE OF THE STA	,	MI	11	4)	560	, more	S DAYS HOURS	MIN. PRONOUNCED DE AD	4-6-	- 1084
			RTHPLACE (STATE OR	1	b. CITIZEN OF WH.		10	- F	9. BALTIMORE CI		OF DEATH
4	022200	1	REIGN COUNTRY)		TT 0 A		WIDOW	ED X NEVER MAR			
	NE SHARE	10. C	Maryland ITY OR TOWN OF DE	ATH	U.S.A	ITAL, NURSING HOM			120 USUAL OCCUPATION		2b. KIND OF BUSINESS
	A PARTS	1	Annenalie		(IF NOT IN SUCH FAC	LITY, GIVE STREET ADDRESS)			FOR MOST OF WORKING LIFE)		OR INDUSTRY
	95788	B-16	Annapolis	LIBSING HOME OR		General Ho		LL.	Mission Supp	port	N.A.S.AA
100	ANN ANN SECOND S	13a S	TATE	MIN COUNTY	1.	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		01111
	A S R R R R C /		aryland	Q.1	A.	Stevensvi	.lle	YES X NO		ay City	41000
3	WESS-F		ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIL FIRST	DEN NAME MIDDLE		LAST
	XX 36/0	Jo	ohn Wesley	Dunnir	ngton			,	unknown)		
3	HANNE IN	36a \	WAS DECEASED EVEL (ES, NO, OR UNKNOWN)	INUS ARME	ED FORCES?	166 SOCIAL SECURI	TY NO.	17. INFORMANT	ADDI	RESS	
OCIC OM SUCCESSION OF THE PROPERTY OF THE PROP	AH PENE		Yes	U.S.	Army	220-14-08	307	Noveleen	H. Dunningtor	1, Steve	nsville, MD
			18 CAUSE OF DEA	TH (Enter only	one couse per line f	or (g), (b), ond (c).)	0		A /		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
5	UTED WITHIN 24 HOLI IN PENCIL IN ITEM 18 EXAMINER ALONG WART AT TRANSIT PERMIT O MENTAL HYGIENE, I ON, OR REMOVAL.		PART I DE ATH V	MAS CAUSED E		Cardio	Pu	Inmer.	n Horest		BETWEEN ONSET AND DEATH
	42 E E E E E E E E E E E E E E E E E E E		4279	MANEDIATE		S A CONSEQUENCE	OF				
20	ER LEN		Conditions, if								
>	OR ARENO		gave rise to couse (o) statin		(b)	S A CONSEQUENCE	OF				
5	UTED WITHI IN PENCIL I EXAMINER IAL - TRANS O MENTAL PON, OR REA		lying couse lost								
,	G". I G		PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	INTRIBUTING TO DEATH BE	JT NOT RELATED TO THE TER	MINAL DISEASE	OF CONDITION GIVEN IN I	DADT)		
TO NOTSER WINDS SUBOSE	ULD BE EXECUTED "PENDING" IN PR F MEDICAL EXAM F ME	Z		1	•	11	, /		4.		
2	MEN WE CR	CERTIFICATION	199 DATE OF OPER	ATION	19h CONDITI	N FOR WHICHOPE	RATIONW	AS PERFORMED?	-13		20 AUTOPSY?
- 3	HIEF / PI	1			170 CONDIN	errok which sold		ASTERI GRALD.			
A PLANTAGE AND A PLAN	WORD WORD E CHIE	E	210 EXTERNAL CAL	ISEWAS	21b. TIME OF	INTUIDY	121. 14	NA PHILIPA OCCUPA	RED (ENTER NATURE OF INJURY IN ITE		YES NO
Č	RTIFICATE SI NG THE WO TO THE C SHOULD BE SHOULD BE REPORTED		UNDERLYING -	OR	HOUR A.M.	MONTH DAY YEA	R ZIC. FIC	JW INJURY OCCUR	KED (ENTER MATURE OF INJURY IN ITE	M 18 PART 1 OR PART	2}
2	를 들는 다 전 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	MEDICAL	CONTRIBUTING			19	100				
2	CERT DED 3.3.5. DEP DEP	A S	21d. INJURY OCCUI	TWHILE C	STREET, FACTO	FINJURY (AT HOME, DRY, FARM, ETC.)		CATION TREET	CITY OR TOWN	COUN	ITY STATE
C		1	WHILE NO	NORK							
	* E & * III O	138			of the remains desc	ribed above, held an	Autops	lnspect	ion , Inquiry ,	ond in my opin	nion
	EXAMINER: ECERTIFICATE JULD BE FOR L DIRECTOR: H, WITH THE S MARYLAND,	100	death resulted from	m: Natural	couses 🛪	Accident . S	vicide	. Homicide	Undetermined manner	7.	
	EXAM CERTII JUD B DIREC WARY				1			TITLE (SPECIFY)			
	E CER DUID H, WII		ACTUAL SIGNATURE)	-3 1/16			1)enn	L HERNELL EVALUATION	DATE	4-1-44
	SHOIL SEATH	1	/	,	-		, , , , ,	150	MEDICAL EXAMINER	SIGNED.	1
	TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE PO TO FUNERAL DIRECTO BATTER DEATH, WITH THE	1	(TYPE OR PRINT)	Jam	cs 5	Wheel	1	ADDRESS 910) Primruse	Ke	Honry .
	TO MEDIC EXECUTE PAGE 4 TO FUNE AFTER DE	230 B	URIAL, CREMATION.	REMOVAL 23h	D. DATE	23c. NAME OF CE	METERY O	RCREMATORY	23d. LOCATION		
		(Burial		04/09/84	National			CITY OR TOWN	COUNTY L rginia	Y STATE
	BP	24 F	UNERAL DIRECTOR		3.707/01	practorial	Picin.			REGISTRAR'S SIG	BNATURP AB
	DHMH - 17 (VR A15 ME (5))		Tom Helfe	nbein F	uneral Ho	ome, Chest	er. M	ADD	1 1 1004	Davidson-	Mandable
	(AK WITH LATE (D))					offen of	27 9 7.77	MI	A LOUT		

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(VRA 15, 4)

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REGISTRAR

DHMH - 16 50M 4/83

(VRA 15, 4)

MD 20706 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE _, and that in (aur) apinian death accurred on the date and hour and from the causes stated 22c DATE SIGNED STATE MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S STGNATURE ADDRESS HARDESTY FUNERAL HOME ANNAPOLIS.

STATE OF MARYLAND

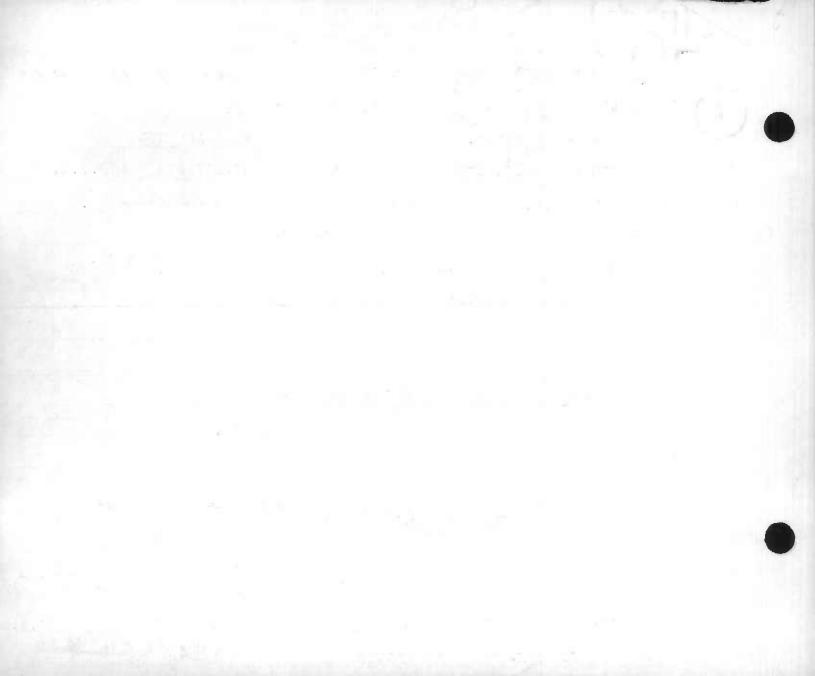
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26. HOUR

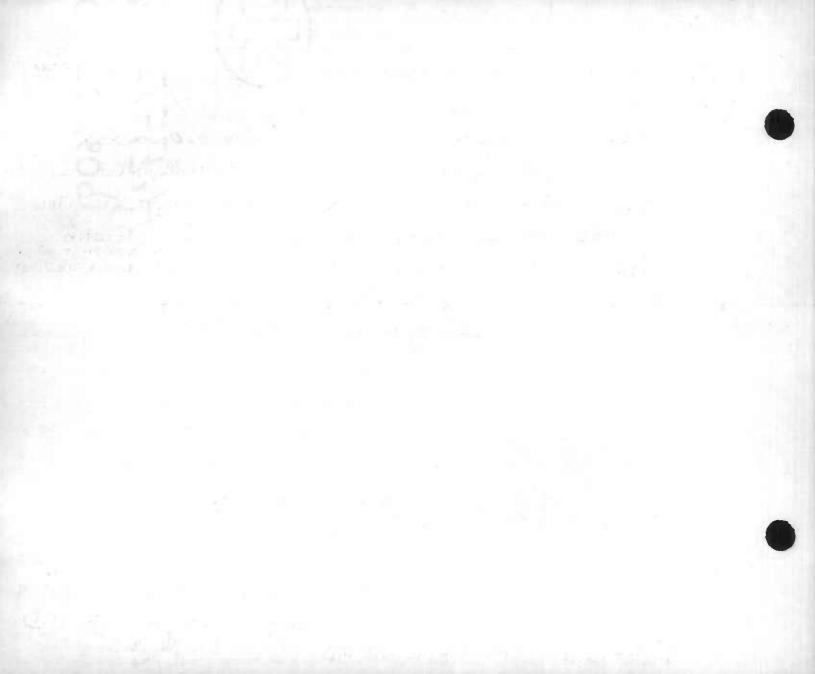
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Funeral Home

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XX	FOR STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HY MINER'S CERTIFICATE OF	0 / 1 0	7
	DECEASED NAME FIR		Esteves	20. DATE KNOWN X	4/5/84 19
	Inle Whit	5. DATE OF BIRTH 6. AGE	IN YEARS IF UNDER 1 YR. IF UNDER 24	4 HRS. 2c. DATE	4/5/84 19 A
MITHER ALL JOHN PRESA	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZENOF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne Arunde	el County M
A SHEET SOLD	Annapolis	III NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET ADD Anne Arundel Gen	eral Hospital	20. USUAL OCCUPATION (TYPE OF) FOR MOST OF YORKING LIFE)	OR INDUSTRY
AND 3 PAND 3 PAN	UAL RESIDENCE (IF IN NURSING STATE)	OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A OUT TO LOGE IN	DMISSION) WHITE 134. INSIDE CITY LIMITS? YES NO D	30. STREET ADDRESS KEL	view Ave,
ST. ST.	Albert	C. Estev	es Sherr	MIDDLE	Adkins
2 4 2 - 7 . 160	I WAS DECEASED EVER IN U. IYES, NO. O UYKNOWN) IF YE	S. ARMED FORCES? GIVE WAR OR DATES)	CURITY NO. 17. IMFORMANT PIDENT	C. Esteves	#13
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS RITHIN 21 HOUS RITHING THE WORR "PENDING" IN PENCIL IN ITEM 18. ROBE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DO I PROPE TO BURIAL, CREMATION, OR REMOVAL.	Canditions, if any, a gove rise to imme couse (a) stating the u lying couse last. PART 2 OTHER SIGNIFICANT COND	EDIATE CAUSE (a) SUGGEN III. OUE TO, OR AS A CONSEQUE which (b)	NCE OF		BETWEEN ONSET AND DEATH
ATE SHOULD BE BY EN HOLD BE BY EN HOLD BE BY BUND BE BY BUND BY	190 DATE OF OPERATION	19th CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY? YES X NO
CERTIFICATE SHOULD STRING THE WORD "PE SUED TO THE CHIEF A E 3 SHOULD BE USED. A E DEPARTMENT OF HE DI PRIOR TO BURIAL, O MEDICAL CERTIFICAT	UNDERLYING OR CONTRIBUTING CAUSE	HOUR A.M. MONTH DAY	YEAR 21c HOW INJURY OCCURRED	(ENTER MATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)
FR. THIS CERTIFIC CATE, WRITING TH CORWARDED TO THE STATE DEPARTS ND, 21201 PRORT MEDICAL	21d. INJURY OCCURRED WHILE NOT WHIL AT WORK AT WORK	210 PLACE OF INJURY (AT HO STREET, FACTORY, FARM, ETC.)	OME, 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DICAL EXAMINE THE THE CERTIFIC A SHOULD BRECT DIRECT DIRECT DEATH, WITH TORE, MARYLANDORE, MARYL	22a I certily that I took death resulted Irom: ACTUAL SIGNATURE EXAMINER'S NAME	chorge of the remains described above, held Notural couses [X]. Accident [], Accident [], aregory R. Kauffman,	Suicide , Homicide , TITLE (SPECIFY) M.D. Assistant	Undetermined monner,	DATE SIGNED 4/5/84 Md. 21201
PAGE VECUT	BURIAL CREMATION, REMOVE		INCOIN CEMETERY	STENTWOOD A	PG MD
	FUNERAL DIRECTOR NAME NOVIOR FUNCI	Al Chape ANNA	polis MD APR	TO BY 1984 AR SWREGIST	ALS SCIPANICALL

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Howard H. Hubbard Funeral Home 4107 Wilkens

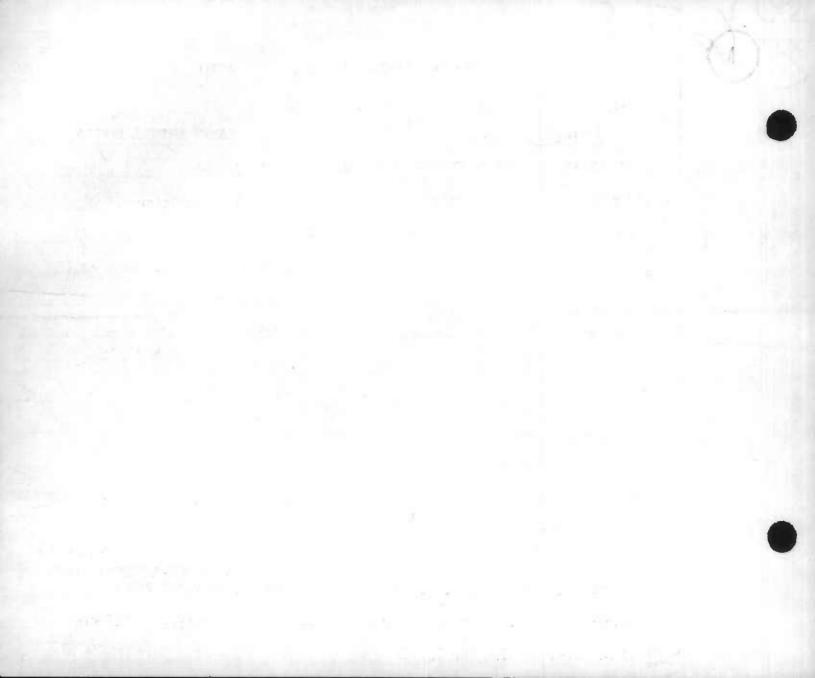
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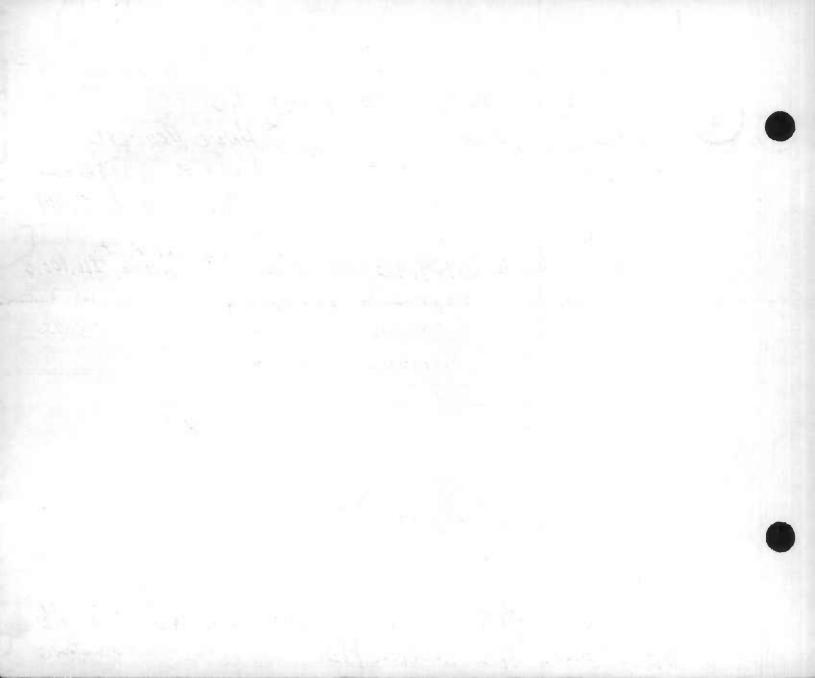
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9	+	FOR STATE REGISTRAR			OF HEALTH AND MENT RTIFICATE OF DEAT		9 !	10	
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	3. SE	× Female	4 RACE	hite 5.0	Charten .	6. AGE (INY	EARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
02 17	7a B	RTHPLACE (STATE OF FOREIGN	7b. CITIZEN OF W	HAT COUNTRY? 8.		_ 9 BALTIMO	RE CITY OR COUN		
17	W	DAKOTA	U. S.		ARRIED NEVER MARRI	ED U		PRUNDA	SL MD
00	111 0	TY OR TOWN OF DEATH		DSPITAL, NURSING HE	OME OR OTHER INSTITUTI	ION 12a. USUAL (CCUPATION FOR MOST OF WORKING		BUSINESS OR
1001	USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMI				CNACALALA	9
26				Waterford	136. INSIDE CITY LIV	27142	Sherwood	d Forest	3 1 85- Drive
12/1	14. F/	ATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAI	DEN NAME	MIDDLE	LAST	
111		Pius	***************************************	Moser	Regin	ıa	MIDDLE	Glass	
medical 2		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)	66 SOCIAL SECURITY 391–48–807		Fettio W	ADDRESS 7142 Sher	rwood Fore	est Drive
cremotion, or removol. other troumotic event, th		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED AND CONDITIONS). IMMEDIAGE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.	DUE TO, OR	AS A SONSEQUENCE	outer cula	accide	eus lei	Mu Mappensum Mu	out by
m njury, or o	CERTIFICATION	PART 2 OTHER SIGNIFICANT			H BUT NOT RELATED TO T			GIVEN IN PART ITO	GS HISED
1	TIFIC		110 001011		NATION WAS TENTONINED	YES [RTIFYING CAUSES C	
19		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	C. C	. MONTH DAY	YEAR	OCCURRED (ENTER NA	TURE OF INJURY IN ITEM	IS PART I OR PART 2}	
ked or h	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	F INJURY T, FACTORY, OFFICE, FARM, E	211. LOCATION STREET		CITY OR TOWN	COUNTY	STAJE
is mor		220.1 certify that (I) (this has sow the deceased alive of		deceased from	5/2/ 19 , ond that in (my) (our)	by to	418		not (I) (we) lost
e Dept. of		obove, (I) (we) (did) (did) 22b. SIGNATURE	not) view the body of	n . 10	DE GREE ATTEN	IDING MÉDICAL	STAFF	22c. DAVES	
APORTANT		22d. PHYSICIAN'S NAME (TYPE	EOR PHINE) CFA	ANK	MO 7575	Mitchie	Hy-6	len Ben	11661
\$ 3 ≤ √		BURIAL, CREMATION, REMOVA			E OF CEMETERY OR CREM.	ATORY 23d LOCA		e of COUNTY	STATE
_		Burial	April I	2,1984 Hol	y Cross Ceme			ilwaŭkee,	
OM 4/83	1	all Funeral Ho	16000	Annaplois Maryland	Road	APR 9	084	Javason N	Pile 22
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

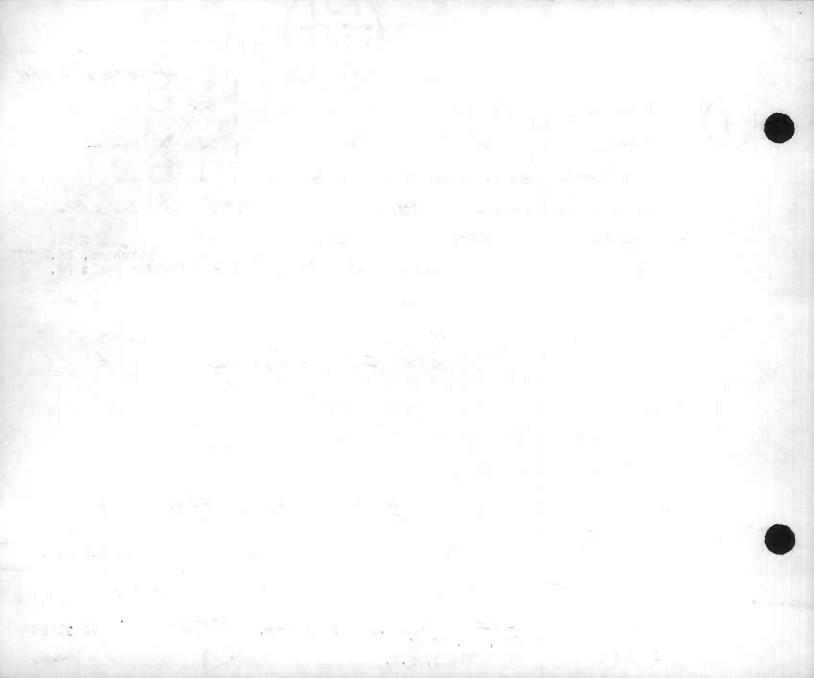
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(VRA 15, 4)

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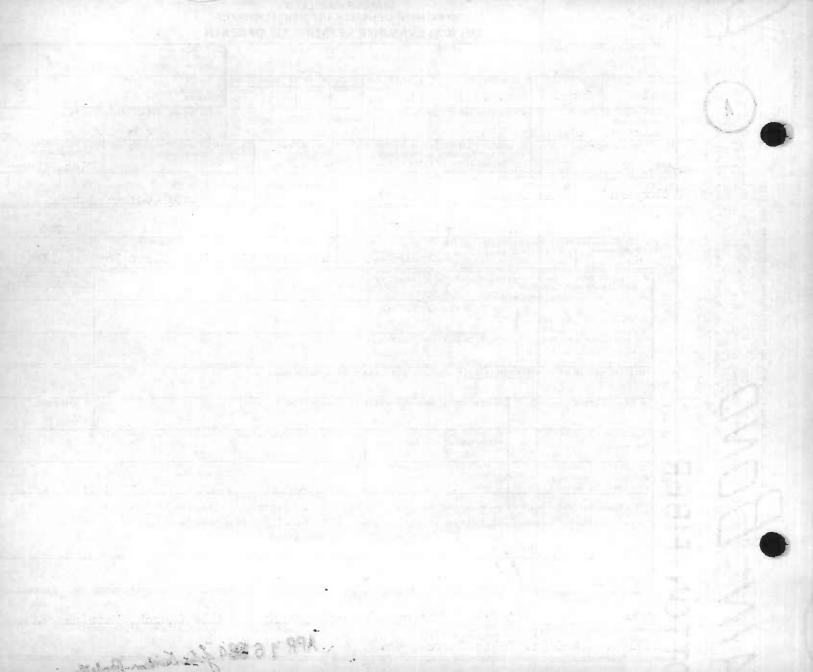
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TOTAL TIMES TO SERVICE TO SERVICE

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injury, or other troumotic event, the

MPORTANT: If Item 21 is marked or Item 18 shaws any

should be detached for use as with the State Dept. of Health

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE

Ι.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. 1	NO.			
	ECEASED NAME FIRST		MIDDLE	l	AST	20. DATE OF DEATH	HINOM	DAY YEAR	26. HOUR	
115	Edward	M	•	Froh	lich, Sr.	April 3,	1984		9:30A -M	
3. S	EX	4 RACE		5. DATE C		6. AGE (IN YEARS LAST E	HRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS	
L	Male	White	е	Dec.	23, 1907 YEAR	76	YRS.	MONTHS DAYS	HOURS MIN.	
7a.	BIRTHPLACE STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D & NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH		
1	(aryland	U.S.	A	WIDOWE		Anne Aru	ndel (County	MD.	
10.	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPA			F BUSINESS OR	
	Annapolis				Hospital	Carpenter	OF WORKING		ruction	
US	JAL RESIDENCE (IF NURSING HOME CO		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	AZID COI	NE .		
	Maryland A.	A	Deale	N	YES K NO	6005 Park			31 -	
	ATHER'S NAME		- /-		15. MOTHER'S MAIDEN NA					
4	George	MIDDLE	Frohlich		Rachel	Mae		Porte	r	
_	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS Ad	dress Sa	me as	
	(YES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES) 578-07-6		551	Mrs. Bessie					
=	11 CAUSE OF DEATH (Enter only one couse per line for (a), beginned in				1			APPROX	MATE INTERVAL ONSET AND DEATH	
	PART I. DE ATH WAS CAUSED BY:									
1	IMMEDIATE CAUSE (o) 14 FCC / 17 FC									
ш	DUE TO, OR AS A CONSEQUENCE				110					
н	Conditions, if any, which	1.70	> ()							
Г	couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF									
	(c)									
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
┨┋	19g. DATE OF OPERATION	TION FORWALICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	Tank IE v	F YES, WERE FINDINGS USED			
1 S	190. DATE OF OPERATION 19b. CONDITION F		IIIOI4 FOR WHICH	OPERATIO	IN WAS PERFORMED	IN CERTIFYING CAUSES			OF DEATH?	
1 2	21a. ACCIDENT WAS UNDERLYING	216 TIME C	NE INTRIBY		121. HOW IN HIRV OCCUP	YES NO		YES []	NO 🗌	
	OR CONTRIBUTING CAUSE OF D		M. MONTH DA	YEAR	21¢ HOW INJURY OCCUR	KEU (ENTER NATURE OF IN	JURY IN ITEM 18	B PART ! OR PART 2}		
N N	(IF EITHER NOTIFY MEDICAL EXAMIN	P. P.	Μ.	19						
MEDICAL	216. INJURY OCCURRED	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	(ARM, ETC.) 21f LOCATION STREET		CITY OR TOWN		COUNTY STATE		
`	AT WORK NOT WHILE			- n			10			
L	220.1 certify that (1) (this has	-		v.1		to Illure	~		that (I) (we) last	
	saw the deceased alive an 3 MATC 19 34, and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death.									
	77h MGMATHRE DEGREE							22c. DATE	SIGNED	
	1/1/1/lini	P	495	n	7 6) ALIENDING	MEDICAL ST DIRECTOR PHYS	AFF	13 4	m 40	
	VANATOUR	7	1			DIRECTOR FITTS	IICIAN [~/1	76 27	
1	724 PHYSICIAN'S NAME (TYPE	OR PRINT)	T		22e ADDRESS	DIRECTOR FITTS	7 / //	2) /	72 97	

25c. NAME OF CEMETERY OR CREMATORY

April 6,1984 Ft. Lincoln Cemetery

DHMH - 16 50M 4/83 (VRA 15, 4)

74 FUNERAL DIRECTOR
F. Gasch's Sons F.H. P.A. Hyatts. Md. 20781

23b. DATE

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

23d. LOCATION
CITY OF LOWNBrentwood

APR 6 1984 APR 6

P.G.

Maryland

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Falsa Franchis (1) 11/13 & 16 17 14 1119 Lething 41 d. 2621)

executed within 24 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CENTH	ICATE OF DEATH	REG. NO	D			
	DECEASED NAME FIRST YPE OR PRINT]	WIDDLE	L	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR	
(,,,		MIE D.	G	REMPLER	Apr	il 12	, 1984	10:30P	
3 5	SEX 4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTHS DAYS			
1,	Female	White	Mar	ch 20, 1890	94	YRS	NIH5 DATS	HOURS MIN	
70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	FDEATH		
	Maryland	U.S.A.	WIDOWE	DIVORCED [Anne Aru		ounty	MD	
10	Pasadena	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI 263 Eagle I	NURSING HOME (VE STREET ADDRESS) HILL Road	DR OTHER INSTITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOSTO Housewife	F WORKING LIFE)	126 KIND O INDUSTRY Own H	of Business or	
130		INTY 13c CITY C		13d. INSIDE CITY LIMITS? YES NO NO	13e STREET ADDRESS 263 Eagle	Hill :	Road	21122	
1	FATHER'S NAME FIRST Charles	MIDDLE	meyer	Caroline	AME		Ohle	9T	
160	WAS DECEASED EVER IN U.S. A		AL SECURITY NO.	17 INFORMANT	ADDRE	SS			
	(YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES) 213-	-50-0650	Beverly G.	Looper S	ame as	# 13		
CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	(b)	NG TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON				
TIFIC					YES NO	IN CERTIFYI	ING CAUSES	OF DEATH?	
MEDICAL CER	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, pital) attended the deceased	OFFICE, FARM, ETC.)	21t. HOW INJURY OCCU 211. LOCATION STREET	CITY OR TOV	N /2 , 15	COUNTY	STATE that (I) (we) lost	
	above, (I) (we) (did) (did). 72b. SIGNATORE. 22d. PHYSICIAN'S NAME, (TYPE	Lawallin	2	DEGREE ATTENDING	ARDICAL STAI	FF	4/12	184	
00	MICHAU	galin	J 3 34445 as a	2108 Milli	Macaket Va	Hille	CA. THE G	2112	
230	a. BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 4/16/84		me Park Ceme	CITY OR TOWN		OUNTY	Md.	
L	eroy M. Russe.	ll C. Witzke	Funeral H	omes P.A. 250 BA			P'S SIG	Harle	

DHMH - 16 60M 1/75 (VR A 15 (4))

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

IMPORTANT: If them 21 is morked or them 18 shows any injury, or other troumatic event, the TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remayal.

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Turini Lerdy , & Muserill J. Hitsho Invarial Homes I.a. 1650 Michigal Vount, Calonaville, Michiga physicion and completely filled in

certificate has been signed by the attending

injury, or other troumotic event, th

STATE OF MARYLAND

1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL H ICATE OF DEATH		. NO.	,	
(TYPE	OR PRICE RICHA		E	dward (Sun	ther Sr	20. DATE OF DEATH	4 27	84	427/A
3. SE	M	4. R	W		5. DATE C		6 AGE (INYEARS LAS	YRS.		IF UNDER 24 HRS HOURS MIN.
2	RTHPLACE (STATEORF COUNTRY) Baltimor TY OR TOWN OF DEA	e,Md.	U.S.		MARRIEI WIDOWE NG HOME O	D DIVORCED [Anne A 120 USUAL OCCUP (TYPE OF WORK FOR MO	rundel	CO.	MD. F BUSINESS OR Cina
13a. S	AL RESIDENCE (IF NURS) TATE Md. ATHER'S NAME			13c. CITY OR TOV	NN	13d. INSIDE CITY LIMITS? LYES NO X	Box 25	ss/zipcode 2 Rte1	2/6	258
	Robert	C.	PLE	Gunthe	r	Maude	MIDDL		Prus	İtt
	VAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARMED		215-05		Genieve				town,Md
	18 CAUSE OF DEATH PART I. DEATH W 4310 Conditions, if ony, gove rise to imm couse (o), stofm underlying couse	which mediate g the	AUSE (o). DUE TO, Of	0 1 -	encipit sclen	al cerebra	hemorr	nage	BETWEEN O	MATE INTERVAL ORISET AND DEATH Clays Yyears
CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TE	200 AUTOPSY?	20b. IF YES, W	ERE FINDIN	NGS USED
MEDICAL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, IN JURY OCCURRED WHILE NOT WHILE		21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)		216 HOW INJURY OCC 216 LOCATION STREET	URRED (ENTER NATURE OF		A		
	27a. I certify that (I) sow the decease above, (I) (we) (s 27b. SIGNATURE	(this hospital) ed alive on tid) (did not) vi	ewithe body	26 19		, 19 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL S	STAFF		

should be detached for use as the burial-transit permit. Then please remove carban page with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is morked or Item 18 shows ony TO FUNERAL DIRECTOR: After this 23a BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 4/30/84 Cemetey Quaker Burial

23d LOCATION
Galesville, Md.

STATE

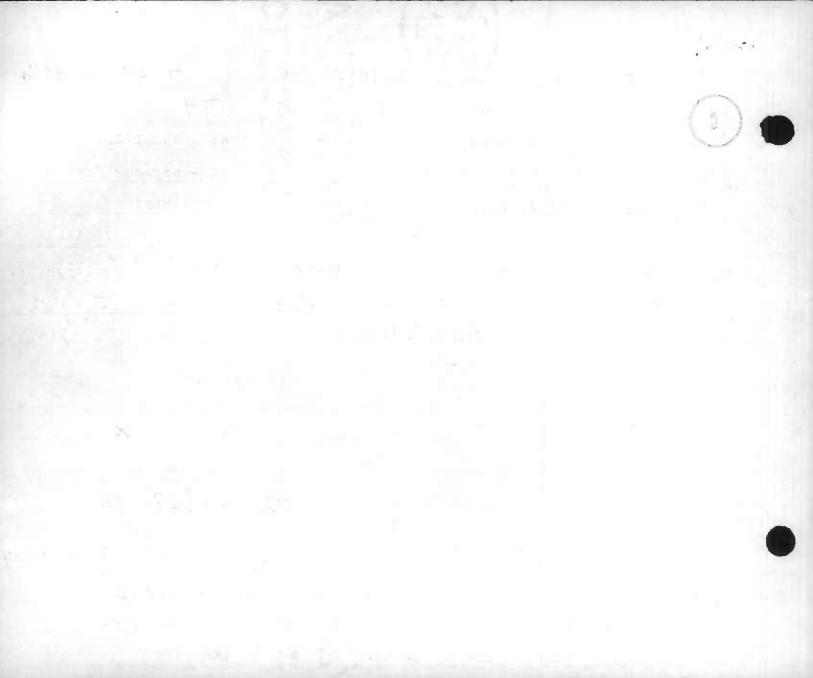
24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

Hardesty Funeral Home

ADDRESS 1.2 Ridgely

etoined by the hospital

(VRA 15, 4)



	١,	FOR			DEPARTM	STATE OF MA		HYGIENE) 9	Car	C.		
	Ľ	- STATE REGISTRAR				CERTIFICATE	OF DEATH		REG. NO.			EST	
		CEASED NAME	FIRST	MIDD	LE	LAST		2a DAT	E OF DEATH MO	NIH D	AY YEAR	2b. HOUR	
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	3. S			4. RACE		5. DATE OF BIRTH	DAY YEAR	6. AGE	(IN YEARS LAST BIRTHD)		FUNDER TYEAR	IF UNDER 24 HRS	
		Female		White			6 1902		81	YRS	OMING DATA	NOOKS MIN.	
ouce.	7a. 6	IRTHPLACE (STATE OR FO	REIGN	Th CITIZEN OF WHA	AT COUNTRY?	8. MARRIED N	EVER MARRIED	9. BALTI	MORE CITY OR	OUNTY	OF DEATH		
:3		aryland		U.S.		WIDOWED	DIVORCED		ANNE ARUNDEL COUNTY				
F Griffed	10 0	GLEN BURNT		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH ARUNDEL HOSPITAL			{TYPE OF	JAL OCCUPATION WORK FOR MOST OF WI NEMAKET			F BUSINESS OR		
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e l	14. F	ATHER'S NAME					THER'S MAIDEN	487 Center Street 21122					
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tic event, th		18 CAUSE OF DEATH PART I. DEATH WA	S CAUSE	E CAUSE (0)	for to 1, (b) sho	1 - Kexp	irole	angl	Erres	P	J. M.	MATE INTERVAL DINSET AND DEATH	
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any injur	CERTIFICATION	19a DATE OF OPERATE	ON	196. CONDITIO	in Son which	PERATION WAS	PERFORMED		NIC Ken	Ob. IF YES,	WERE FINDIN	IGS USED	
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in them		22b. SIGNATURE	a) (aid no	view	r death.	DEGREE	ATTENDIN PHYSICIAI	NG MEDIC	CAL STAFF		12. DATES	ENED /	
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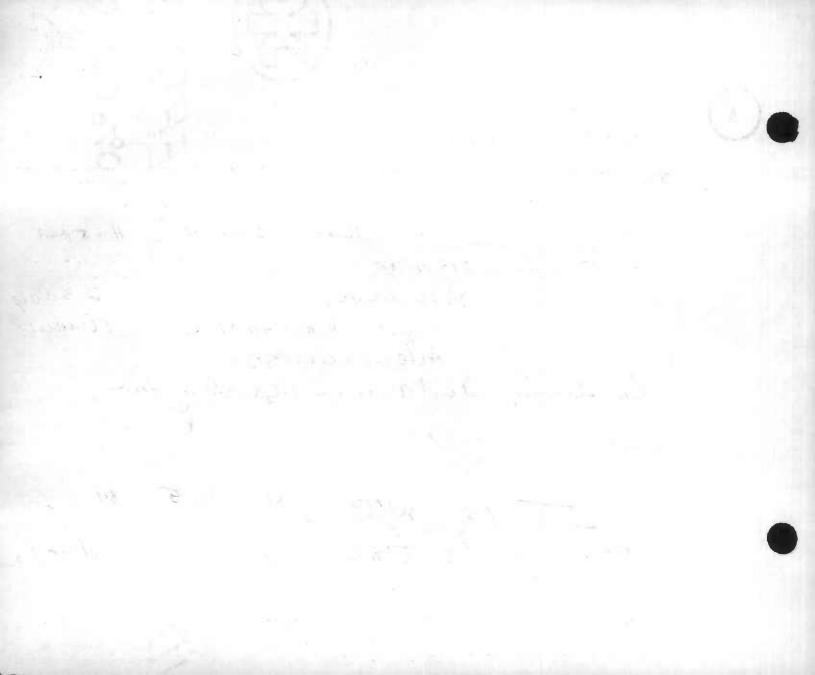
Service description of the service o the Date of the Da

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-2100 DEATH MATED DATE OF BIRTH 6. AGE (IN YEARS 2d. HOUR IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 60 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! STATES HRUNDEL WIDOWED _ DIVORCED MARYLAND O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) SELF EMPLOYED DRIVER HOSPITAL JSUAL RESIDENCE 13a. STATE 13b. COUNTY CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS ANNE ARUNDE PASADENA 21122 MARYLAND NO X YES FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE MIDDLE Rose E LANAHAN ELMER PAGES NA 7. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 7943 16b. SOCIAL SECURITY NO EAST END DR. DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ES WW BALTIMORE, MD. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMI STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, , 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY MAMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 19k CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211 LOCATION AGE 4 SHOULD BE FORWARDED PUNERAL DIRECTOR: PAGE 3 FIER DEATH, WITH THE STATE DE MITIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK Inspection X 22a I certify that I toak charge at the remains described above, held on Autapsy and in my opinian death resulted from: Homicide Natural causes Undetermined manner TITHE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME AFTER TYPE OR PRINT 0 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF 23d. LOCATION BALTIMORE BP 250. DATE REC'D BY REGISTRAR 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)

20M 4/82

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	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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on. has bee	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
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Spiro CTO I for of h			at) view the body after death.		an death occurred an the date and	I haur and from the causes stated
OR he ho ochecochec		22b. SIGNATURE	P R -	DEGREE	MEDICAL STAFF	22c. DATE SIGNED
J = J = 0		22d. PHYSICIAN'S NAME (TYPE O	OPRINT)	PHYSICIAN PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4/16/57
o HOSPITA Pound by the Stote		220. PHI SICIAI & STAME (TIPE	PERINTY	THE RESIDENCE		
Shoul MPO	22- 1	BURIAL, CREMATION, REMOVAL	L 23b. DATE 23	36. NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	
BP	230	SPECIFY)		,	etery Suitland	d Md.
	24 F	Burial UNERAL DIRECTOR			ATE REC'D. BY REGISTRAR 256 PRE	GISTRAR'S SIGNATURE
0HMH - 16 50M 4/83 (VRA 15, 4)	Н	ardesty Fune	ral Home Ann	Ridgely AVe.	PR 1 7 1984 Ful	ia Davidson-Mandelle



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2			1 -	FOR STATE REGISTRAR			DEPARTN	ENT OF F	E OF MARYLAND BEALTH AND MENTAPHYG ICATE OF DEATH	TENE 0 9 1	2 8
	m.e			CEASED NAME FIR		AIE	DOLE		AST	20 DATE OF DEATH MONTH DA	
2	# D			Johni		<u>L.</u>	J.	Hea		April 2, 1984	9:00 7
8	- 2		3. SE)		4. RACE			5. DATE (FUNDER 1 YEAR IF UNDER 24 HRS
- 6	o tu			Male		nite		Jar	nuary 31, 1921	63 _{YRS.}	
4.	0.0	6 JA		RTHPLACE (STATE OR FOREIG			HAT COUNTRY?	8. MARRIE	DEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
de o	7 11	140		Alabama		S.A		WIDOWI	DIVORCED	Anne Arundel	M
į	11	9		TY OR TOWN OF DEATH	(IF NOT	IN SUCH !	FACILITY, GIVE STREET A		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OF
201	五章	200		Glen Burnie	/16	W1	mmer Rd.			Welder	Koppers
AND 21	filled in build be	135	13a. S		OME OR OTHER INSTIT COUNTY A.A.		ive residence before 3c city or Jown Glen Bur		13d. INSIDE CITY LIMITS? YES NO 🔀	136.STREET ADDRESS / ZIP CODE 716 Wimmer Rd.	21061
RYL	1	e e	14. FA	THER'S NAME	MIDDLE		LAST		15. MOTHER'S MAIDEN NA	WE	LAST
W P	M	0,20		John	Lem		Heard		Frances		Shrader
ORE,		dico		AS DECEASED EVER IN U	.S. ARMED FORC	TESI	66 SOCIAL SECUI		17. INFORMANT	ADDRESS	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND	n signed by the offending physic Then please remove carbon paper to buriol, cremation, ar removal	rinjury, ar other traumatic event,	NOI	Conditions, if any, whi gove rise to immedic cause Io1, stating to underlying cause Io	DUE T	o) O, OR (b) O, OR (AS A CONSEQUE	NCE OF	Coreimone	ometoh's of lung INAL DISEASE OR CONDITION GIVE	14
AL RECC	has been to be been to	2 2	CERTIFICATION	19a Date of Operation				OPERATIO	N WAS PERFORMED	YES NO YES	
DIVISION OF VIT	v the haspital or attending pt AL DIRECTOR After this certifi detached for use as the burial-in ate Dept of Health and Mental	ANT: If Hem 21 is marked or Hem 18 st	MEDICAL CER	21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING ☐ CAUSE (IF EITHER, NOTIFY MEDICALEX. 21d. INJURY OCCURRED WHILE AT WORK 22a.1 certify that (1) (this saw the decessed of above, (1) (we) (did)+ 27b. SIGNATURE 22d. PHYSICIAN'S NAME	corporate House Andrews (AMINER) Zie Pilation (AT HO Indicated the property of the property	P.M. ACE O	FINJURY T, FACTORY, OFFICE, FACTORY	19 ARM ETC)	211. LOCATION STREET 19 10 10 DEGREE ATTENDING	CITY OR TOWN CITY OR TOWN death occurred on the date and hour- MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY STATE
O HOS	TO FUN shauld to with the	IMPORTAN	22- 0	Josep	h Taler			AME OF	95 Aquahart	Rd. Glen Burnie	MD. 21061

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

Burial

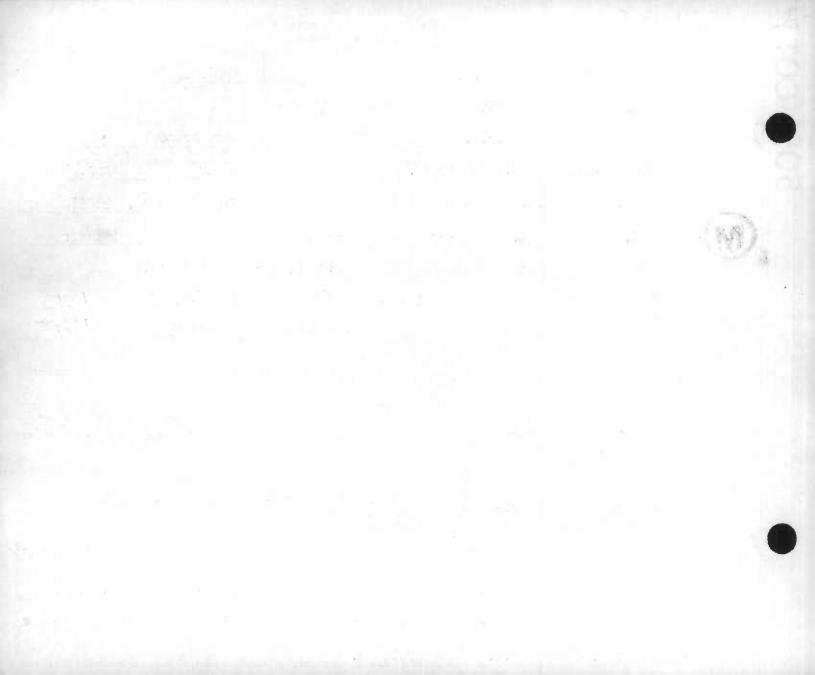
24 FUNERAL DIRECTOR Glen Burnie MD. James S. Kirkley F.H.

5 April

23d LOCATION
CITY OF TOWN
Pisgah Jackson Alabama REGISTEAR 25 PREGISTRAR'S SIGNA TURE
1984 Gina Dandson-Handale

23c. NAME OF CEMETERY OR CREMATORY

Friendship Cemetery



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The low requires that the death certificate be executed within 24 hours after death. Page 4 may be more the con-	each has been signed by the attending physician and completely filled in by the funeral directorialist permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours of
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIFICATE OF DEATH REG. NO.									
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1. SEA	I	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTI		FUNDER TYEAR	IF UNDER	24 HRS		
Femal	.e	Whit	te	Aug	11, 1892	91	YRS.	ONTHS DATS	HOURS	MIN.		
70. BIRTHPLACE	STATE OR FOREIGN	6 CITIZEN OF	WHAT COUNTR	242 8		9 BALTIMORE CITY OF		OF DEATH				
Marylan	nd	U.S.A		WIDOWE	D NEVER MARRIED A	ANNE AF	RUNDEL	COUNT	Y	MD.		
10. CITY OR TOWN			HOSPITAL, NUR	SING HOME C	ROTHER INSTITUTION	12a USUAL OCCUPATIO		126. KIND C	F BUSINE	SS OR		
GLEN P	014132	NORTH		EL HOSP	ITAL	Homemaker	WORKING LIFE	INDUSTRY				
USUAL RESIDENCE	(IF NURSING HOME OR		GIVE RESIDENCE BEI		13d, INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	211	22			
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14 FATHER'S NAME		. IDDIE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAS				
Loui		irl	Heise	9	Catherin			LAS	1			
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(IF EITHER, NO	DIFY MEDICAL EXAMINER		Μ.	19								
(IF EITHER, NO		21e. PLACE	OF INJURY	CE. FARM. ETC.)	211 LOCATION STREET	CITY OR TOV	VN:	COUNTY	5	STATE		
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774. SIGN #	Mr. H	21.1			DEGREE	AAEDICAL STAF	F	22c. DATE	SIGNED	11		
0	wy/n	Wyy			PHYSICIAN	DIRECTOR PHYSIC	IAN	4-	6.0	TY.		
234 PHYSICA	AN'S NAME THEO	Panelli C			22e ADDRESS 32	5 HOSPITAL I	RIVE	SUITE	208			
HII	ARY T. O	HERLIH	Y. M. D.	•	GLEN BUR	NIE, MARYLAI	VD 210	161				
LEBE CIENT	ATION, REMOVAL	JA DATE	fact.		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	5	STATE		
,	Burial	4/28/	64 I	oudon.	Park Cemetery	Baltimo	re, M	arylan	d			

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hgwy 21225

BY REGISTRAR 256, REGISTRAR'S SIGNATURE

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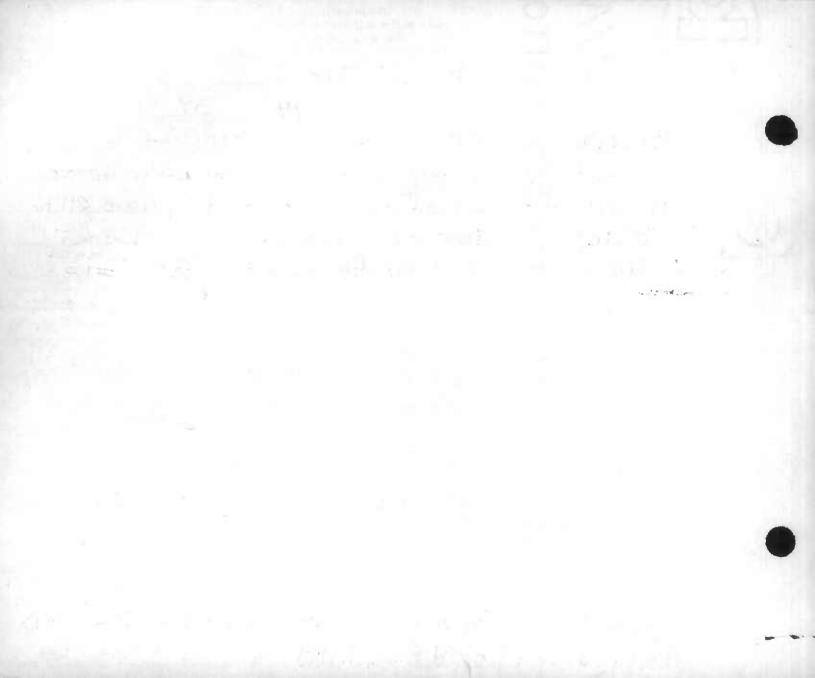
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

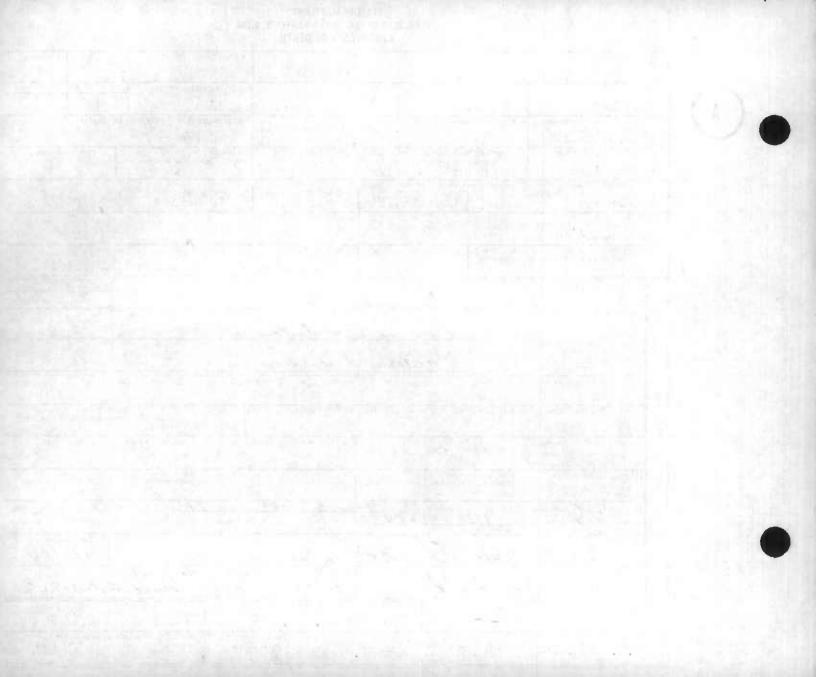
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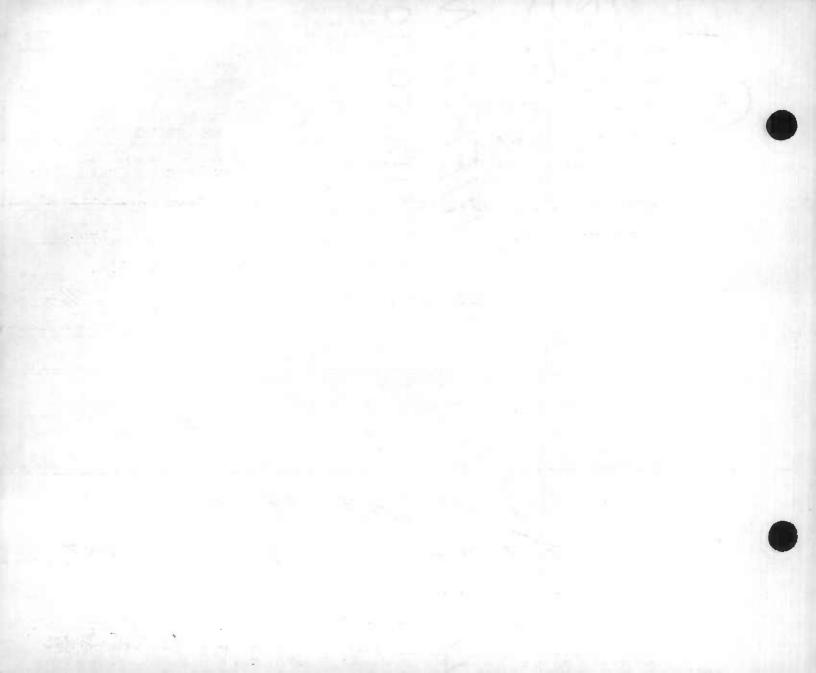


FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE





DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN 26 HOUR MONTH DAY (TYPE OR PRINT) ESTI-LIZABE DEATH MATED 104 Mary 4 RACE 6. AGE (IN YEARS | IF UNDER TYR. 2c. DATE 2d. HOUR YEAR PRONOUNCED DEAD 10 BIRTHPLACE (STATE OR WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. Anne Arundel WIDOWED -DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY Anne Arundel General Hospital Housewife Annapolis SUAL RESIDENCE (IF IN NURSING H ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 3a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Stevensville Q.A. YES X NO [Pier Road 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ALIDDE FIRST ANIDDLE LAST Henry Seidlich Margaret Lyons 17. INFORMANT 66 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 216-03-55 No George E. Jarboe. Stevensviele. MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO NATAENT COR TO BUR 21a. EXTERNAL CAUSE WAS 2Th. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORWAR
TO FUNERAL DIRECTOR: PAG
AFTER DEATH, WITH THE STATE
BAGGIMORE, MARYLAND, 2120 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinian Inspection death resulted fram Natural causes Suicide Hamicide Undetermined manner ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b DATE 23¢. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial St. Peter's Church Queenstown Q.A. MD BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE **DHMH - 17** Tom Helfenbein Buneral Home, Chester, MD (VR A15 ME (5))

20M 4/82

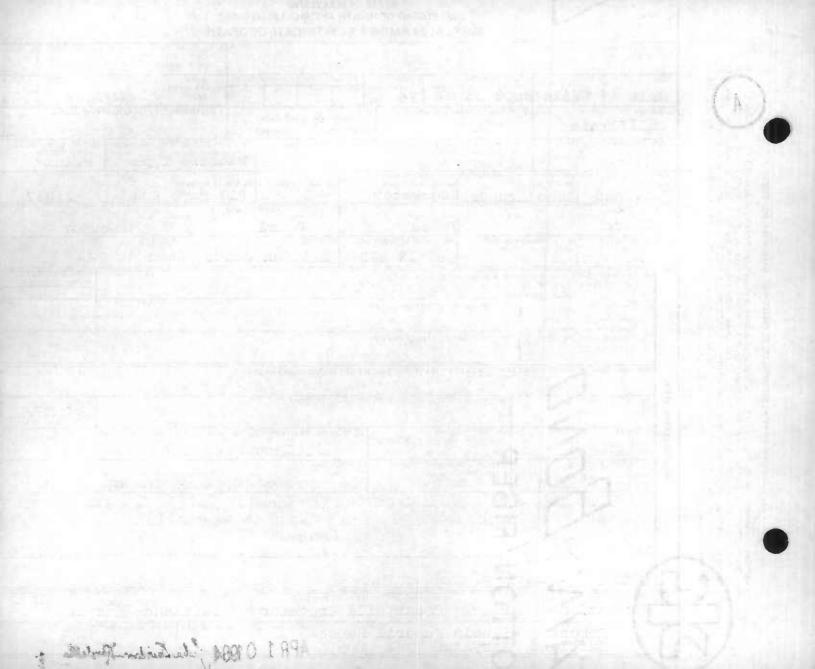
STATE OF MARYLAND

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4. RACE S. DAT	E OF BIRTH DAY 28 54 2	E (IN YEARS IF UNDER 1 YR	IF UNDER 24 HRS.	2c. DATE PRONOUNCED DEAD	4 30 1984 7A N
D U	.S.A.	WIDOWED [DIVORCED		del County, ME
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D A.A.	13c CITY OR TO	ITS YES X	NO [] 40	8 A Boston	A140) Heights Circle
WARD	JOHNSON		'MILLIE	WIDDLE	JOHNSON
IKNOWN) (IF YES, GIVE WAR OR D			AULa	442 Boston	olis, Md. 21401 Heights Cricle
rise to immediate e (a) stating the <u>under-</u>	(c)		ION GIVEN IN PART 1 (o)	11.45-1-31.	
					YES X NO [
ING XOR UTING CAUSE OF DEATH RY OCCURRED K NOT WHILE AT WORK certify that I took charge of the soulted from: Notural coust R'S N AE PRINT	HOUR A.M. MONTH DAY 6 XXXX 4 30 21e PLACE OF INJURY (AT H STREET, FACTORY, FARM, ETC.) home remoins described obove, he es Accident ,	YEAR 19 84 Subject HOME, 211. LOCATION STREET 10 8 AUTOPSY Suicide , Hon TITLE M.D. AS ADDRESS	t shot oston Hgts Inspection [], Incide K]. Undete (SPECIFY) sistant MEDI	Annapolis Inquiry , ond ermined monner ,	COUNTY STATE A.A. Md. in my opinion DATE SIGNED 4/30/84
MATION, REMOVAL 236. DAT		OF CEMETERY OR CREMA	CITY	CCATION ORTOWN Inapolis A.	A. Maryland
	Sherry A. RACE BLACK 11 BLACK 11 (STATE OR JO DAY (STATE OR JO DAY (STATE OR JO DAY MN OF DEATH II. NA POLIS A. A. A. AME WARD ASED EVER IN U.S. ARMED FO WINDOWN (IF YES, GIVE WAR ORD IMMEDIATE CAUSE ER SIGNIFICANT CONDITIONS CONTRIBUTIONS FOR OPERATION RNAL CAUSE WAS SUTING XOR WAT XOR Certify that I took charge of the essulted from: Noturol couse IME COUST ON THE IME CERTIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTI	Sherry I. RACE Sherry D. Shorry Shorry D. Shorry Shorry Shorry D. DUE TO, OR AS A CONSEQUA STREET, FACTORY, FARM, ETC.) STREET,	DEPARTMENT OF HEALTH AND A MEDICAL EXAMINER'S CERTIF AME Sherry D. Johnso 14. RACE S. DATE OF BIRTH MODIT 128 54 29 YRS SIATEOR 15. CITIZEN OF WHAT COUNTRY? D. WIDOWED NO OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITIES DAYS 130. CE (IF ININUESING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS) AME WARD MIDDLE JOHNSON NO OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITIES DAYS 408 - A BOSTON HEIGHTS ANN APOLIS ANN APOLIS 134. INSDIT 135. MOTIVATION ANN APOLIS 155. MOTIVATION ANN APOLIS SEE SECTIFIED OF WHAT COUNTRY? D. ANN APOLIS 156. SOCIAL SECURITY NO. 177. INFO MENOWN) 178. MOTIVATION DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O). Shotqun wound of head DUE TO, OR AS A CONSEQUENCE OF COUSE IOST. COUNTY DUE TO, OR AS A CONSEQUENCE OF COUSE IOST. COUNTY DUE TO, OR AS A CONSEQUENCE OF COUSE IOST. COUNTY 199. CONDITION FOR WHICH OPERATION WAS PERFORMENT OF THE PRINT OF THE PR	MEDICAL EXAMINER'S CERTIFICATE OF DEA AME Sherry D. Johnson Sherry Johnson A. RACE Sherry Johnson Johnson Johnson Johnson A. RACE Sherry Johnson DEPARTMENT OF HEALTH ANSWENTAL HYGIÉNE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO. AME Sherry D. JOHNSON ARACE Sherry D. JOHNSON ARACE Sherry D. JOHNSON DEATH JOHNSON JOHNSON DEATH JOHNSON JOHNSON JOHNSON DEATH JOHNSON	

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20M 4/82



ENERNA PARK MO:

Aulia Davidson

24. FUNERAL DIRECTOR

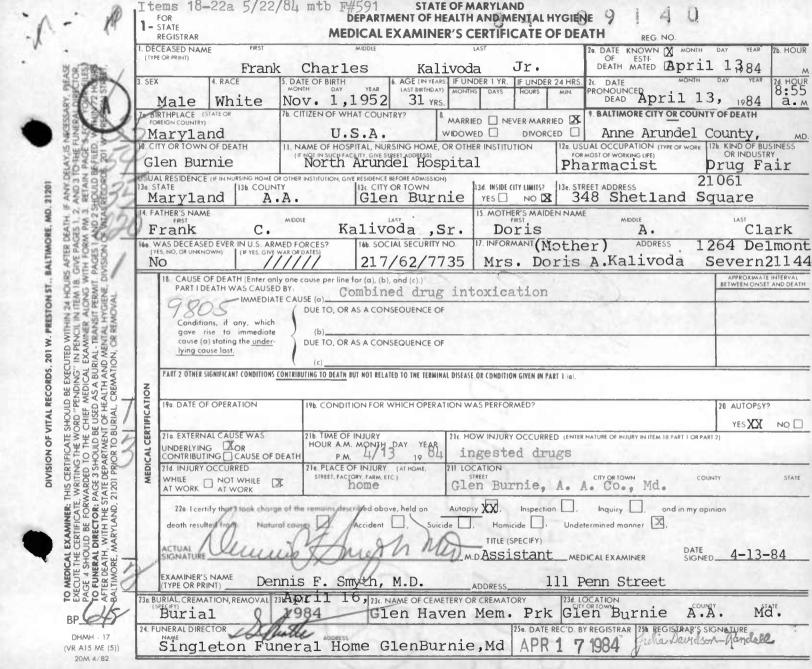
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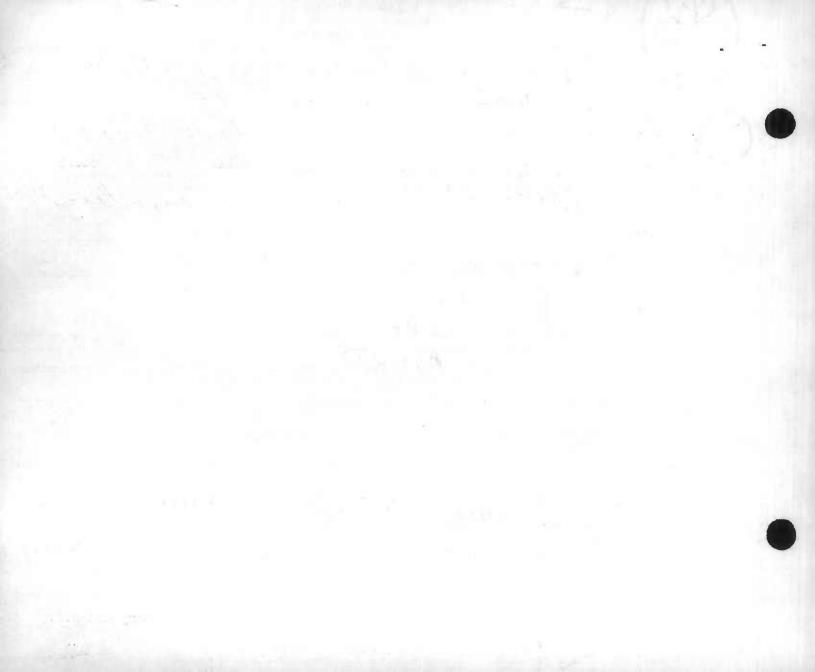
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DHMH - 16 50M 4/82

(VRA 15, 4)

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Page 4 may be physicion and campletely filled in by the funeral director naapers: Pages 1 and 2 should be filed within 72 haurs of executed within 24 hours after should be detached for use as the burial-tronsit permit. Then please remove corbon papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal. [MPORIANT: If Item 21 is marked a [Item 18 shaws any injury, or other troumatic event, the medical PHYSICIAN: The law requires that the death certificate be TO FUNERAL DIRECTOR. After this certificate has been

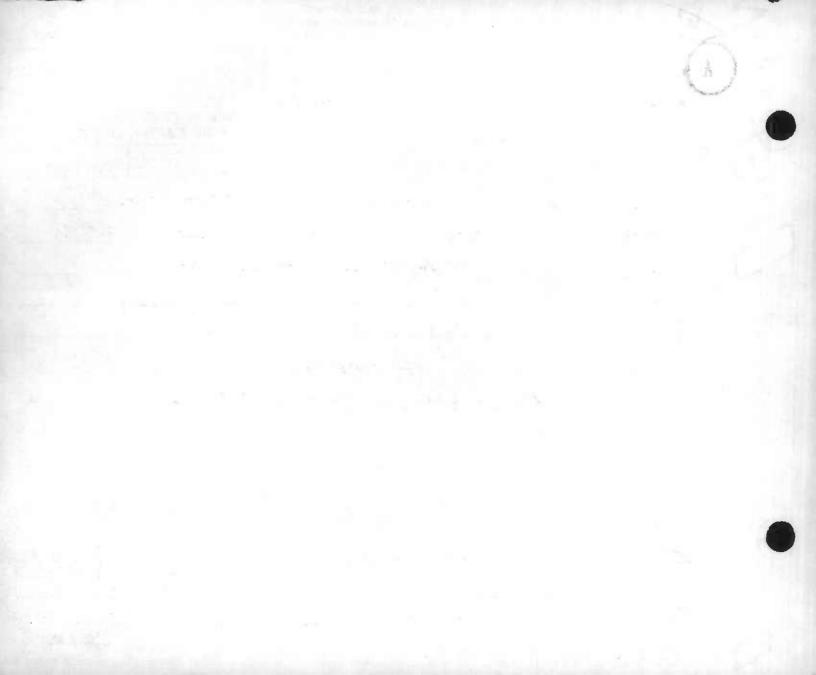
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

)	FOR 1 - STATE REGISTRAR	DEP	ARTMENT OF HEA		EST				
N	1. DECEASED NAME FIRST	MIDDLE	LAS	ī		REG. NO 20. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
þ	(TYPE OR PRINT) NINA	E	KARY			APRIL	6.	1984	330 AM
4	3. SEX	4. RACE	5. DATE OF			6. AGE IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
- 0	Female	White	0ctob	er°2̃6,	1903	80	YRS	ONTHS DAYS	HOURS MIN.
5	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8.	NEVER M	ARRIED -	BALTIMORE CITY OF	_		
	Maryland	U.S.A.	WIDOWED	☐ DIV	ORCED 🗌	ANNE A		COUNT	Y MD.
1	GLEN BURNIE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES NORTH ARUNT	TREET ADDRESS) EL HOSPI	OTHER INSTI		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemaker	WORKING LIFE	INDUSTRY	Home
5	USUAL RESIDENCE (# NURSING HOME OR 136 STATE 136 COUN MD. Ann	TY 13c. CITY OR	verna Pk		NO [X]		ZIP CODE	r. 2114	16
2	14 FATHER'S NAME FIRST Felix	Walter	1		MAIDEN NAMI IRST	Jane		McCl	lain
	160 WAS DECEASED EVER IN U.S. AR/	MED FORCES? 166 SOCIAL S	SECURITY NO.	7 INFORMAN	iT	ADDRE	SS		
v	no	216-0	5-7473	L. Jar	e Brook	khart same	as 13		MATE INTERVAL
7	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WE	TO DEATH BUT N	WAS PERFOR	MED	NAL DISEASE OR CONE 200 AUTOPSY? YES NO C ENTER NATURE OF INJUR	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOTIFY HORIZE AT WORK AT WORK	In .	19	PII LOCATIO	Ň	CITY OR TOV	WN	CORNIA	STATE
	220. Certify that (1) (this haspit saw the deceased alive an above, (1) year ideal (defined 17th 51GNAVIRE)	The bod ofter death.	DE U	GREE Al P 27e ADDRESS	TENDING HYSICIAN 605 VERNA F	MEDICAL STAF DIRECTOR PHYSIC BALTIMORE	F		
	230 BURIAL, CREMATION, REMOVAL		23c NAME OF CEA			23d. LOCATION		COUNTY	EVALE
	Cremation	6 April 84	Securi	ty Prod	cess	Catonsvil	le Ba	Itimore	e MD.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

James S. Ki Kirkley Glen Burnie MD. 196. DATEMECO. BENEGISTRAP ST NEGISTRAPS STO TOTAL PROPERTY STORES



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	ASED NAME R PRINT)	ARB	ARA"	WICK		KERN	20. DATE OF D	DEATH MONTH	5-84	2b. HOUR M
3. SEX	FEMA	LE	W/+1	TE	5. DATE C		0 9	YRS.		IF UNDER 24 HRS
со	THPLACE (STATE OR		U	S A	WIDOWE		1 1	A - CO		MD.
11	PRIVOL RESIDENCE OF NUR	0-	1416	FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION		FOR MOST OF WORKING	LIFE) INDUSTRY	HOME
13a. ST	ATE MTS	13b. COUNT		134 CITY OR TOW ARIVOL		13d. INSIDE CITY LIMITS?	1416	11 1 A A	VER !	DF-
	HER'S NAME FIRST /)	DDLE	Wick	5	15. MOTHER'S MAIDEN N	INA	MIDDLE	LAS	ST
	AS DECEASED EVER		ED FORCES?	16b. SOCIAL SECU	JRITY NO.	ETHEL	HOLT	ADDRESS Z		JUE
	8. CAUSE OF DEAT PART I. DEATH V 1539 Conditions, if ony gove rise to im couse (o), stotii	VAS CAUSED IMMEDIATE , which mediate	BY: CAUSE (0) DUE TO, OF	ASA CONSEQUE	ENCE OF	n of bo	owe/		APPROX BETWEEN	UMATE INTERVAL ONSET AND DEATH
	underlying couse	NIFICANT CO	noitions co	whi	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE	20b. IF Y	ES, WERE FINDI	NGS USED
0	218. ACCIDENT WAS UN		21b. TIME O HOUR A.	FINJURY M. MONTH D.	AY YEAR	21c. HOW INJURY OCCU		NO ON	TIFYING CAUSES YES B PART 1 OR PART 2)	NO
A.	(IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE NOT W AT WORK AT WO	RED HILE	P./ 21e. PLACE ((AT HOME, STR			21f. LOCATION STREET		CITY OR FOWN	COUNTY	STATE
	22a. L certify that (I	(this hospito	ottended the	deceased from	9~	10 10 8	T to	4-5	19 07	tho

22a. I certify that (I) (this hospital) of 22b. SIGNATURE

22d. PHYSICIAN'S WAME (TYPE ORPRIKE)

3. SEX

7a. BIRTHPLACE

43-Z sow the deceased alive an obove (Dwe) (did) (did not view the body after death

23b. DATE

and that in target (our) opinion death occurred on the date and hour and from the causes stated DEGREE

ATTENDING

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

BP.

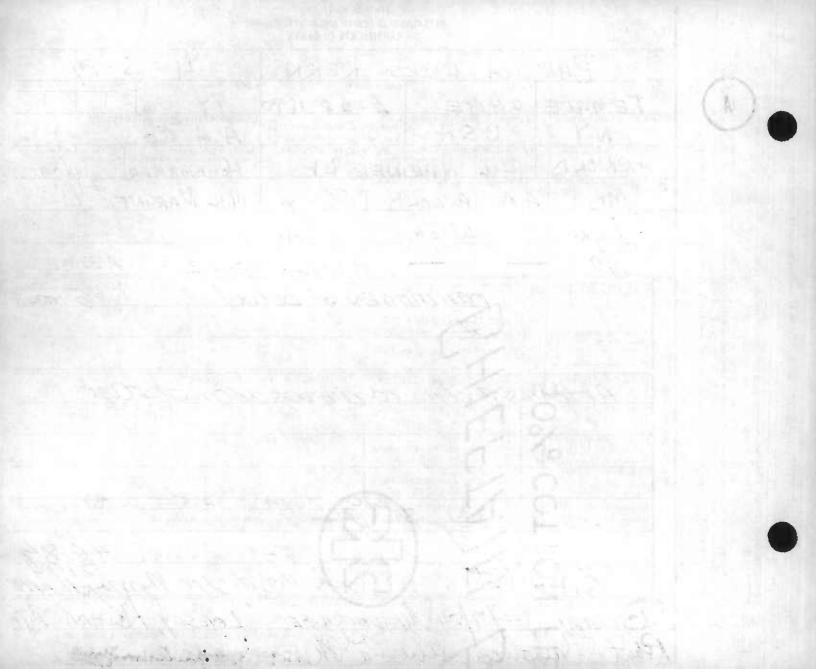
DHMH - 16 50M 4/82 (VRA 15, 4)

23 BURIAL CREMATION, REMOVAL

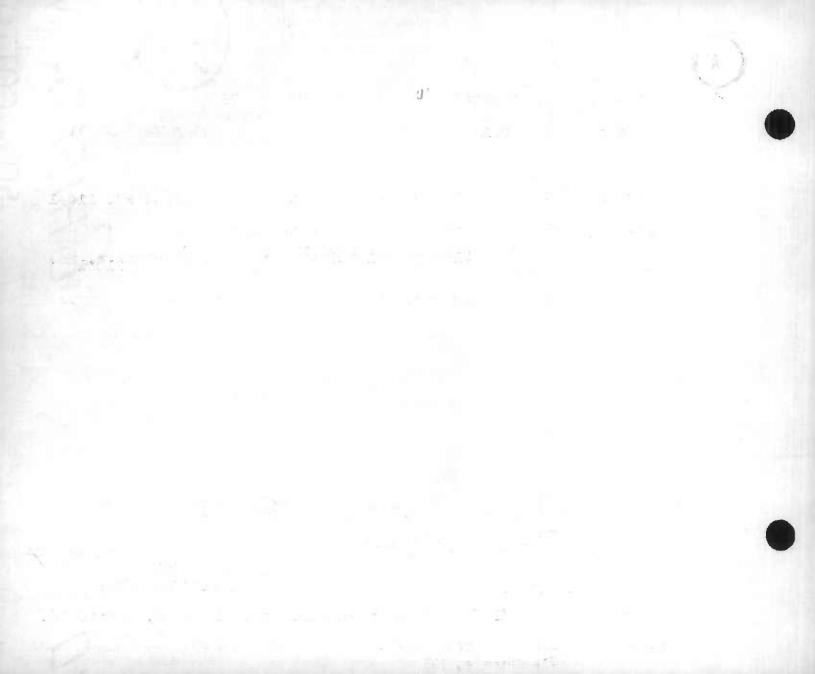
13d. LOCATION

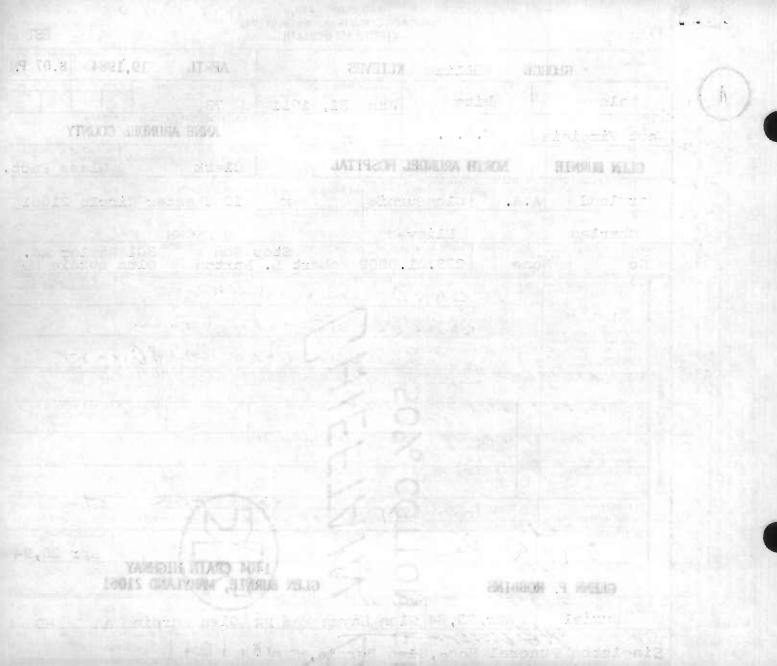
THE DATE SIGNED

250. DATE REC'D. BY REGISTRARY Sh. REGISTRAR'S SIGNATURE



GlenBurnie, Md.





Glen Burnie, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR - STATE

DHMH - 16 50M 4/B2

(VRA 15, 4)

Raymond C. Fink

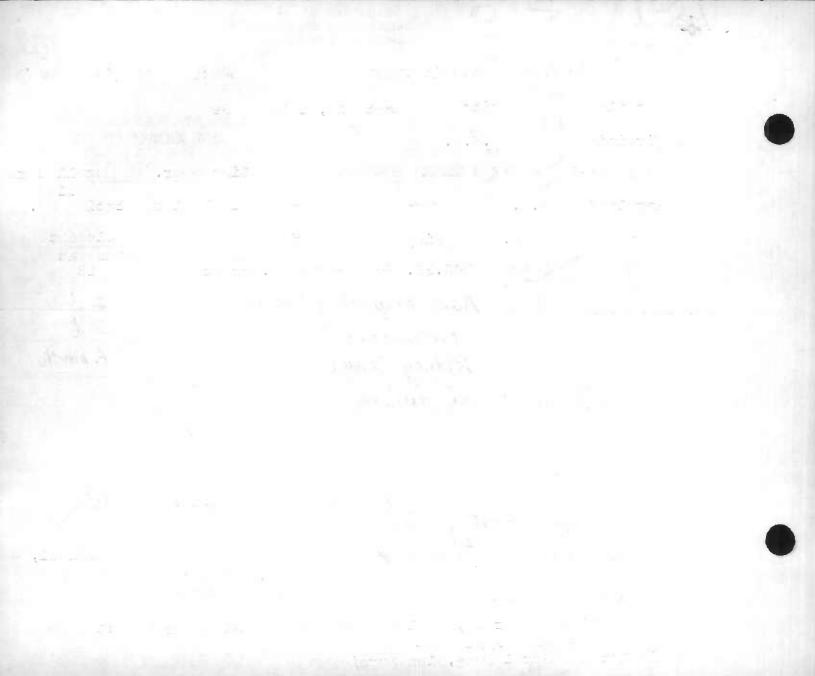
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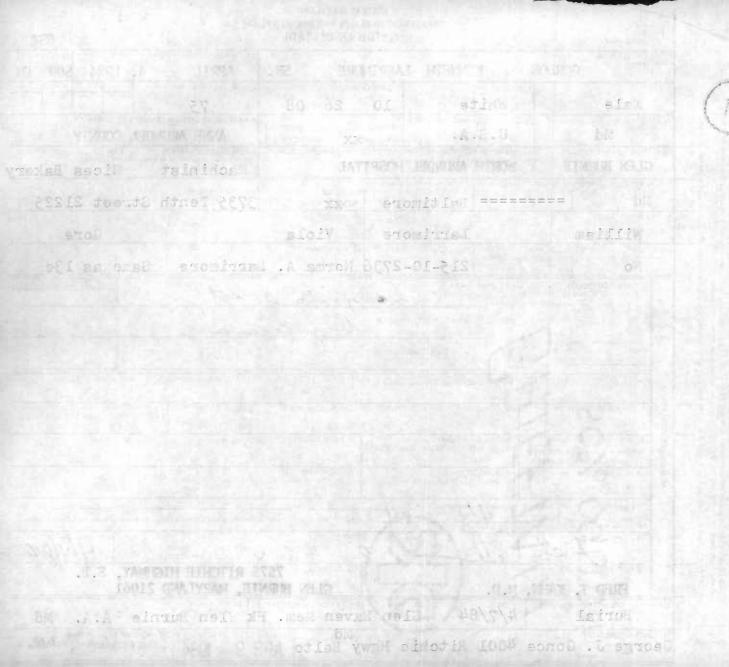
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George J. Gonce 4001 Ritchie Hgwy Balto

DHMH - 16 50M 4/B2 (VRA 15, 4)



1921/	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.	
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-(r)	1. SE	Male	White	S. DATE OF BIRTH MONTH BAY YEAR 191		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1/5	3.4	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	1 Hnne Hr	IZE. KIND OF BUSINESS OR
ours offer in by the be filed with	Sh	erwood Forest	11. NAME OF HOSPITAL, NURSING IF NOT IN-SUCH FACILITY, GIVE STREET 135		LINSU VZNCO HOTON	
24 24 J	13a. S	ATHER'S NAME	TY CITY OR TOW		135 Mizr /uc	k Hill 21405
completely and 2 share	/	Morris	MED FORCES? 166 SOCIAL SECU	Ma	MIDDLE U	Salter
be execution and c		VIS 40 OR UNKNOWN) (15-YES GW	EVII PORCES! 198-67-	2904 Mabel	C. Lee #	13
ST., BALTI ertificate by g physicior conpopers. removol. event, the		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), or D BY: E CAUSE (a) CAPDIO	- RESP. APRES	T	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON he death ce emove corb motion, or r traumotic		Conditions, if only, which gave rise to immediate	DUE TO, OR AS A CONSEQUE (b) HYPER	ENCE OF CALCEMIA		1 MONTH
by the second of		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF CARCINOMA OF	THE LUNG	2 MONTHS
RDS, 2 equires n signe Then p r to bur injury,	NOIL				TERMINAL DISEASE OR CONDITION GIV	
	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
PHYSICIAN: The ending physicion this certificate has buriol-tronsit plad Mental Hygier do ritem 18 short		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR 19	CURRED (ENTER NATURE OF INJURY IN ITEM TB	PART I OR PART 2)
PHY tendi	MEDICAL	214 INJURY OCCURRED WHILE ONT WHILE OF AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
DIV ATTENDING Supplied or of the CTOR: Affer of for use os the of the of		sow the deceased alive on above D (we) (did) (did no	APP 12 19 It view the bady after death.	8 , ond that in (our) opi	nion death occurred an the date and hou	
Che he he		Barry R.	40 tamos	DEGREE ATTENDIN PHYSICIA	MEDICAL STAFF	221. DATE SIGNED 4/16/84
TO HOSPITAL retoined by the TO FUNERAL I should be detoined in the State I IMPORTANT. II		SARRY R.	NATHANSON		INEXCIN ST. ANI	UAP. MN.
BP	(SURIAL, CREMATION, REMOVAL (SPECIFY)	13b. GATE 84 234	COAT HILL	Duitland	Pung. Myd.
DHMH - 16 50M 4/B2 (VRA 15, 4)	21 5	2 you Funer	21 Chape/ ADDRESS	nua polis MH 250	APR 1 8 1984	TRAN'S SIGNATURE

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AND 3 AND 3 RETAIN HOULD RECORD	Nan Man	TE ,	134 COUNT	Arundel	13c. GTY OR TOWN	13d	INSIDE (ITY LIMITS?	38207 3	DRESS ayside	Drive	2112
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2n DATE OF DEATH MONTH YEAR (TYPE OR PRINT) 6. AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 4. RACE 5. DATE OF BIRTH MONTHS DAYS HOURS. YEAR 03 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE MARRIED NEVER MARRIED DIVORCED M CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY North Arunde onv. Home 130.STREET ADDRESS 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE John Minnie Unknown Baunen ADDRESS 16b SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) HE YES GIVE WAR OR DATEST Mr. Ronald List. Same asabove APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if ony, which gove rise to immediate couse (o), stating underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CERTIFICATION 196, CONDITION FOR WHICH OPERATION WAS PERFORANT 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO IT 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ö COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM, ETC.) NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased object on obove, (1) (we) (ad) faid not) view the and that in (my) (our) opinion death occurred on the date and hour and from the couses stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE Glen Burnie, A. A. O. Maryland (SPECIFY) Burial Glen Haven Mem. Park 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURFICANE DHMH - 16 50M 4/83 Funeral Home, 130 E. Forts (VRA 15, 4)

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ED	ITY OR TOWN OF DEATH	15 WILLOW SE		120 USUAL OCCUPATION CYPE ENK FOR USING SWORK POES TALK RYSERVICE
13a. S M A	RYLAND ANNE	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ARUNDE 131. CITY OR TO	DGEWATER NO K	04.007
114 F A	ATHER'S NAME AUGUST W.	ILLIAM LÜDK	E MARGARE	
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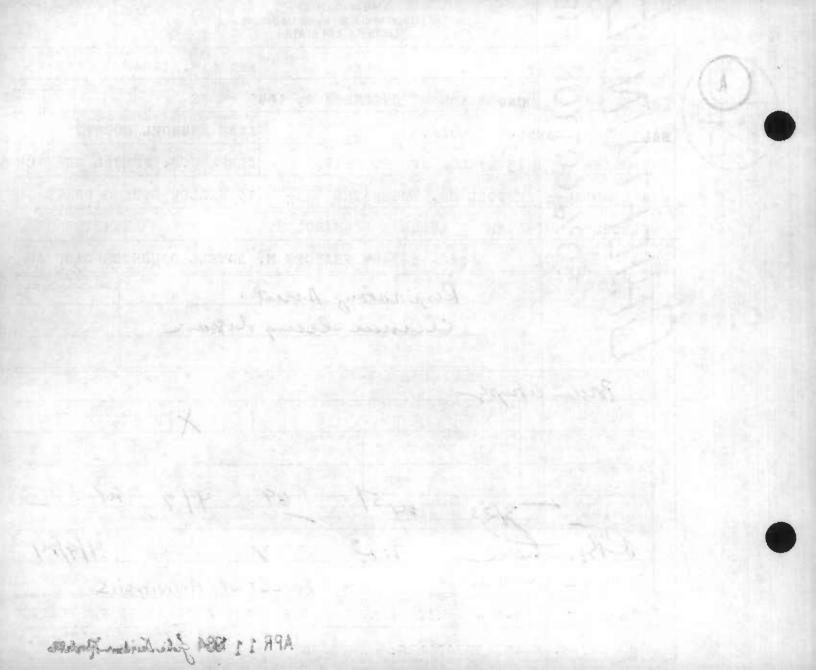
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FOR STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND SENTAL HYGIENE

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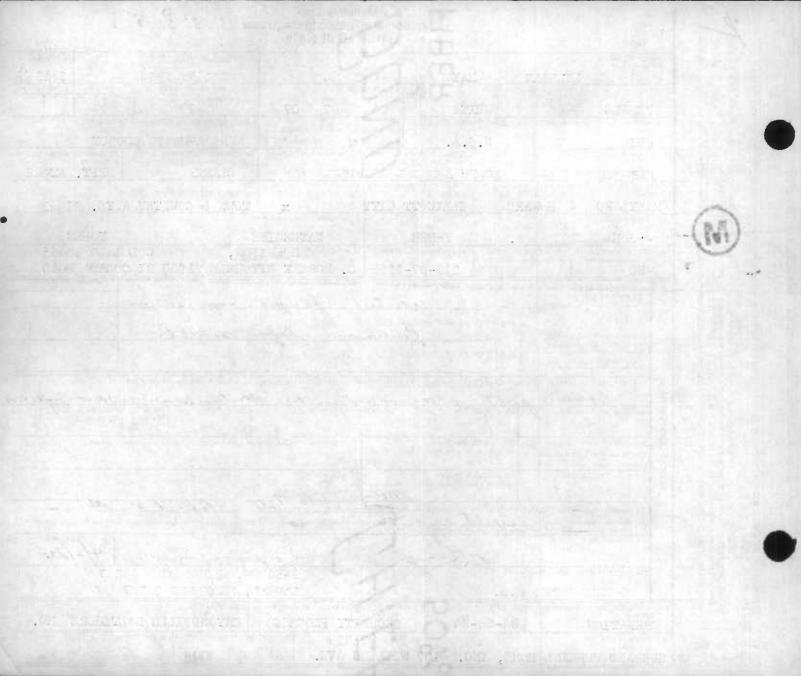
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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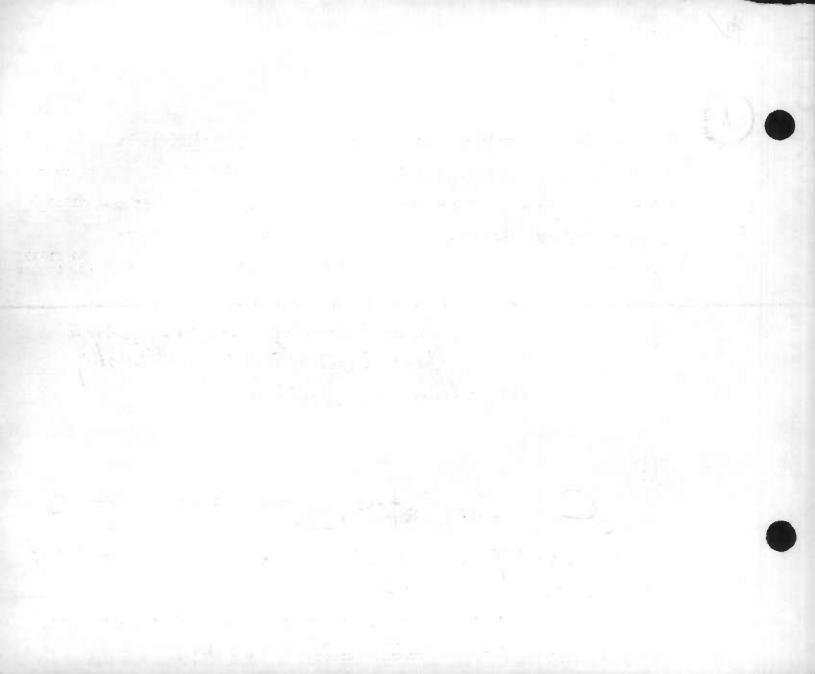


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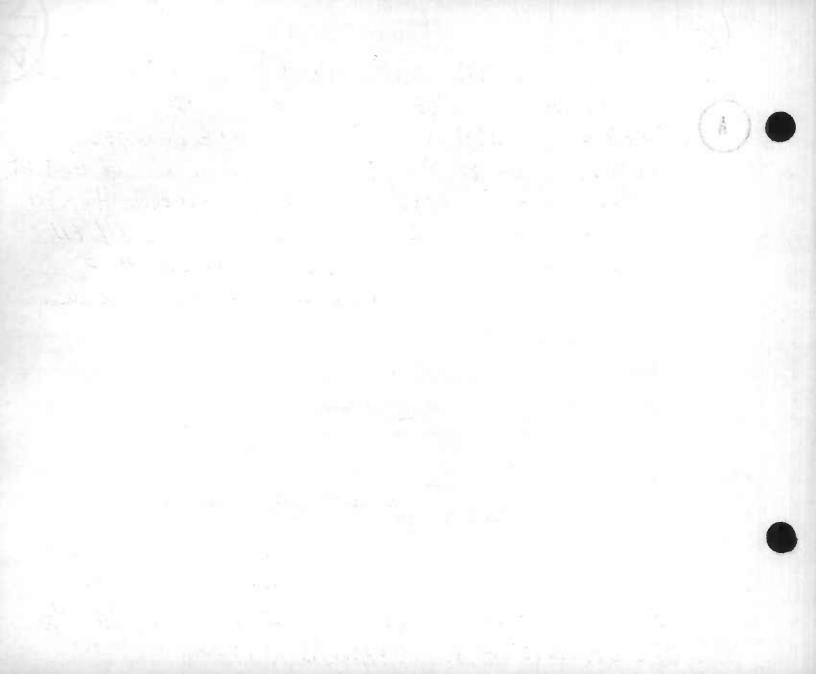
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WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

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24. FUNERAL DIRECTOR

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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND SENTATHYGIENE 0 9

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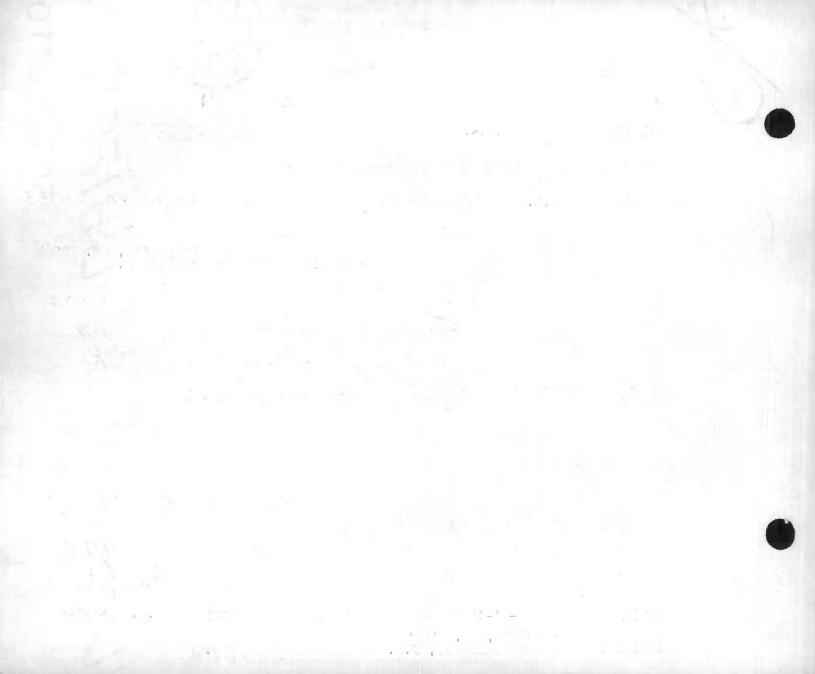
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DIVISION OF VITAL RECORDS, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requireretained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been significantly be detached for use as the buriol-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to b IMPORTANT: if them 21 is marked on them 18 shows any injury.	9	MEDICAL	216. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING COURT WHILE NOTHY AT WORK AT W	AUSE OF DEA	21e PLACE (AT MOME 51 tol) offended the property of the body of the property of the body of the property of the body of the property of the pr	.M. MONTH DM. OF INJURY REEL FACTORY, OFFICE I the deceosed from 19 votter death.	19 SARM. ETC) 3/2,	211 LOCATION STREET 19 Ind that in (my) (bur) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS 5/ FRAN EMETERY OR CREMATORY	RED (ENTER NATURE OF INJL. CITY OR TO	RY IN ITEM 18 PAI	COUNTY	STATE (b) (we) last
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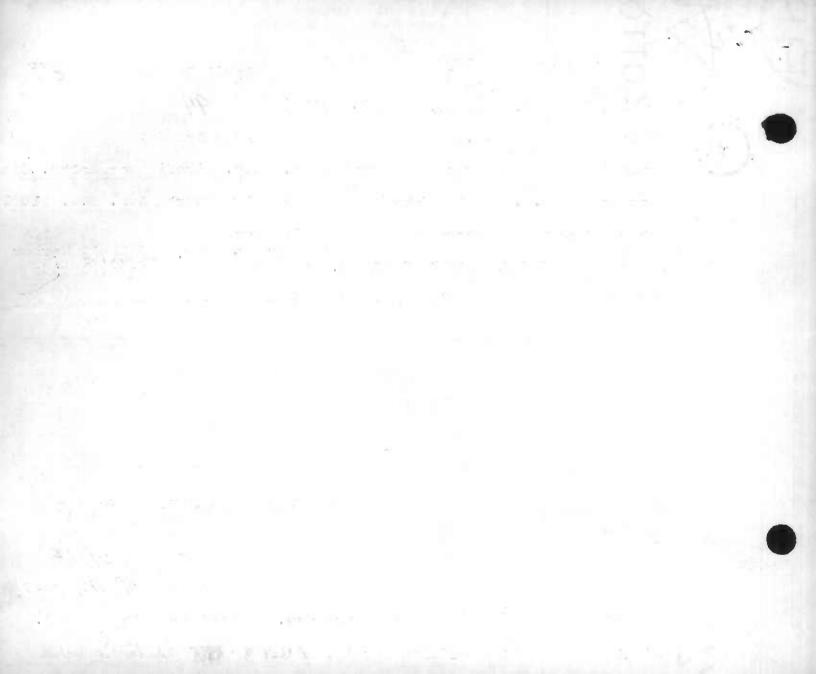
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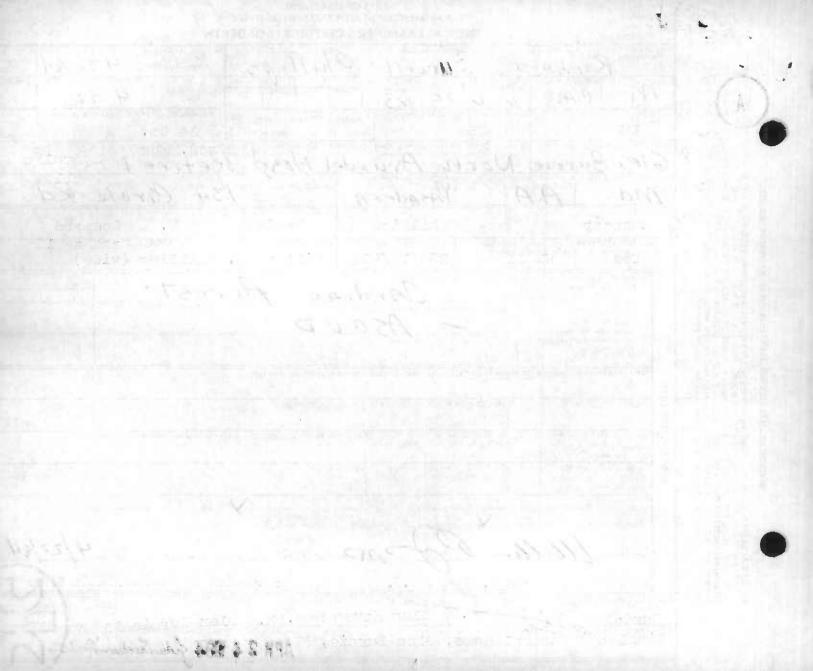
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AL WORK	STA
22a. I certify that I taak charge of the remains described above, held an Autapsy . Inspection Inquiry . and in my apinian	
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EXAMINER'S NAME WILLIAM D. Janes U.D. (OF Amorica C+ Davidsonville of	1035
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75 Ame UR (11 11	STATE
24 FUNERAL DIRECTOR OF THE PROPERTY OF THE PRO	LID
Singleton Funeral Home, Glen Burnie, MD 21 21 Ali Milla Rendel	



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- 0	3. SE	Male	White	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
0 4 0 2 M		PIHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	HANNE F	rundel MD.
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amplete of and 2		ATHER'S NAME WAS DECEASED EVER IN U.S. AI	BODIE Pletcher RMED FORCES? 1166. SOCIAL SE	/	rietta MIDDLE	Euson
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TO HOSPITAL retoined by 1 TO FUNERAL should be del with the Stote	23a.	PETER F. V.	ERKOUW 123b. DAJE / 123	HIG Forest	Dr. Anhap	Sis hud 21403
BP	1	SPERAL DIRECTOR	19/84	Edar Hill Cemeter	TE REC'D. BY REGISTRAN 186.	REGISTRAR'S SIGNATURE
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		REGISTRAR CEASED NAME FIRST OR PRINT)		MIDDLE	LAST	ALE OF DEATH	20. DATE OF DE	M		2b. HOUR
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s ofter dea by the fune iled within	10. C	TST YIRGINIA ITY OR TOWN OF DEATH	OL-Q	F HOSPITAL, NURSIN	ADDRESS)	DIVORCED DITHER INSTITUTION	12a. USUAL OCC (TYPE OF WORK FOR	UPATION MOST OF WORKING	126 KIND OF	BUSINESSOR
in 24 hours	USU, 13a. S	AL RESIDENCE (IF NURSING HO) STATE 136, C	ME OR OTHER INSTITUTIO	13c. CITY OR TOW	PARK 1	BE INSIDE CITY LIMITS?	13e STREET ADD	RESS		21146
marry marry ond 2	/	EDWARD	MIDDLE	PRESNEL	1	DELLA		ADDRESS	MITC	HELL
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DS, 201 W. PRESTON ST., BAL quires that the deoth certificate signed by the ottending physici hen please remove carbonpapet to burial, cremotion, or removal. ijury, or other traumatic event, th	NC	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse loss. PART 2. OTHER SIGNIFICATION CONTRACTOR CONTRACT	h (b) DUE TO, (c)	OR AS A CONSEOU OR AS A CONSEOU	ENCE OF	vehoch y		e CONDITION G		
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OR ATTENDI e hospitol or JIRECTOR: A ched for use Dept. of Heal Hem 21 is m	~	WHILE NOT WHILE TAT WORK 270. I certify that (I) (this h sow the deceased alivation obove, (I) (we) (did) (d) 270. SIGNATURE	hospital) attended	192	1	though (my) (our) opinion GREE ATTENDING	MEDICAL DIRECTOR	STAFF		
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BP		BURIAL, CREMATION, REMO SPECIFY) BURIAL UNERAL DIRECTOR		25,1984 C	ROWNSY	ILLE VETERAN C	CITY OR T	VILLE AN	INE PELLIDE	STATE MOD.
DHMH - 16 50M 4/82 (VRA 15, 4)	0	NAME O	er:anco			E HWY- 150. DA	5 084 du	lia Kavidson	~ Mandelle	•

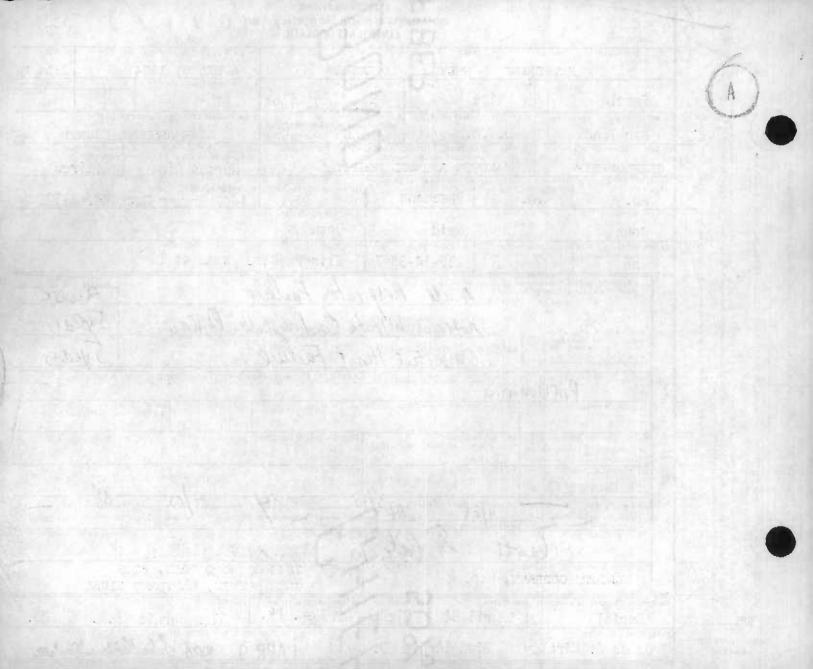
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Glen Bûrnie MD.

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James S. Kirkley

(VRA 15, 4)

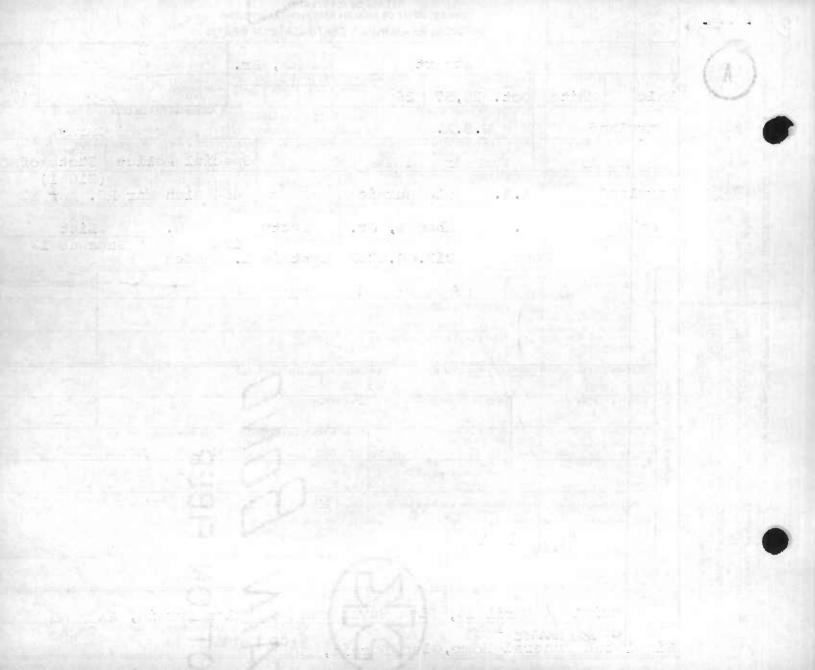


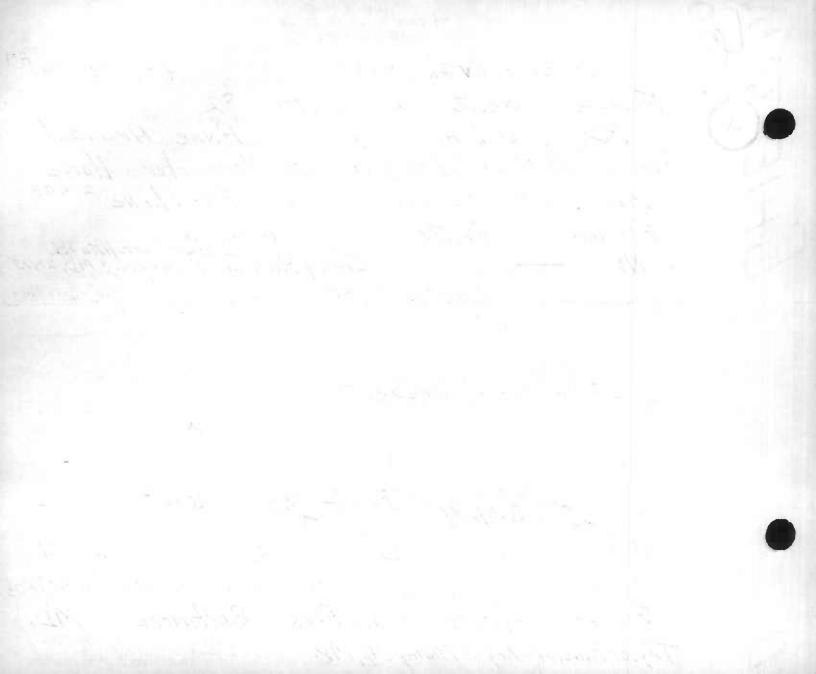
Raymond C. Fink

(VRA 15, 4)

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7/	16	FOR STATE REGISTRAR					ERTIFICATE O		9 8		
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AND AND HE	3.58	X	4. RACE	S DATE OF BIRTH	16 A		NDER TYR. IF UNDER	24 HRS. 2c.	DATE	MONTH DAY Y	EAR 2d. HOUR
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Z = 0 [>		ITY OR TOWN		II. NAME OF HOS	PITAL, NURSIN	IG HOME, OR OTH		120. USUAL	OCCUPATION (TYPE	OF WORK 12b. KIND O	F BUSINESS
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. 21201 F ANY DEL AND 3 TO RETAIN P RECORDER		ryland	13b. COUN	A.A.	GlenE	Burnie	13d. INSIDE CITY LIMITS? YES NOX		Glen Ma	r Rd. Ap	
A - 1.2.2.2.4	1/1 Y.F	ATHER'S NAME		WIDDLE	LACY		15. MOTHER'S MAID		WIDDIE 4	LAST	
ORE, A	10	John		D.	Rhode	es, Jr.	Betty		M.	List	TALTH
IMORI PAGE ORM	1 160.	WAS DECEASED	EVER IN U.S. AR	MED FORCES?	16b. SOCIAL	SECURITY NO.	17. INFORMANT	Wife	ADDRESS	Same as	
BALTIM JRS AFTER B. GIVE PA WITH FOR T. PAGES I DIVISION		No	No	one	213.6	4.0203	Cynthia	L. R	hodes		
WRS WILL PING		18 CAUSE O	F DEATH (Enter on	ly one couse per line	for (o), (b), and	d (c).)				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
PRESTON ST., THIN 24 HOUF CIL IN ITEM 18, VER ANSIT PERMIT. AL HYGIENE, D	AL.	PARTIDE	ATH WAS CAUSE	TE CAUSE (o) C	ranio-ce	erebral 1	njuries				
STO NIT P	NOV	18/6	0		AS A CONSEG	UENCE OF					
A PRINCIPLE	REA /		is, if any, which e to immediate								
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ATE SATE	9	220. I certif	y that I took charg	ge of the remains des	cribed abave, h	eld on Autop	sy XX, Inspectio	on . Ir	nquiry Anne	Arundel (.O., Ma.
MIN MIN ECT C	2/1	deoth resulte	ed from: Natu	ral causes .	Accident XX	, Suicide	, Hamicide	Undetermi	ned manner .		
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ZEZZE AZZE AZZE AZZE AZZE AZZE AZZE AZZ	量力	SIGNATURE_	July	and lan	C3 190	<u> </u>	.D. Assistant	MEDICAL	EXAMINER	SIGNED 4-	L6-84
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TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE ROSE & SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH WITH THE S	₹ - 123-1	(TYPE OR PRIN		garita A.			ADDRESS				
	230.	SPECIFY)	ia1 /			E OF CEMETERY C	Mem Pk	23d. LOCAT)WN	COUNTY	STATE
BP	24 F	UNERAL DIREG		Apr 11 1	O GTE	naver	I MEIII PK	REC'D. BY REC	Burnie	RAR'S SIGNATURE	D
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		FOR		STATE OF DEPARTMENT OF HEALT	MARYLAND H AND MENTAL HYG	IENE 9	8 3		
1	1-	STATE REGISTRAR		DICAL EXAMINER'S	43	4	NO.		
9830		CEASED NAME FROM DAVI	- 1	ARLTON 1	ROBBINS	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY	Y YEAR 26. HOU	
AND THE PERSON NAMED IN COLUMN TO SERVICE AND THE SERVICE AND THE PERSON NAMED IN COLUMN TO SERVICE AND THE PERSON	3. SE)	m CA	5. DATE OF BIRTH	YEAR 6. AGE (IN YEARS IF LAST BIRTHDAY) AMON	JNDER 1 YR. IF UNDER 24 H		MONTH DA		
WHAT WEEN		RTHPLACE (STATE OR REIGN COLUMN ACTION COLUM	76. CITIZEN OF W		RIED X NEVER MARRIED	Anne 2	r <u>or</u> county of Arundel	DEATH	
DELA IS NOTHERUS NOTH	6	12N BUNN		SPITAL, NURSING HOME, OR OT ACILITY, GIVE STREET ADDRESS	rher institution 120.	USUAL OCCUPATION (FOR MOST OF WORKING LIFE) CONTRACTO:	TYPE OF WORK 12h	KIND OF BUSINESS OR INDUSTRY Onst.	
- 10 EOR 0 7	USU/ 13a. S			TIS CITY OR TOWN		STREET ADDRESS	40 K	GAL.	
EATH. IF ES 1, 2, N PM 3.	14. F	ATHER'S NAME FIRST Moses	MIDDLE Henry	Robbias	15. MOTHER'S MAIDEN N FIRST Martha	AME MIDDLE	LV	nch	
L., BALTIMOR URS AFTER DE B. GIVE PAGE WITH FORM IT. PAGES I.A.	16a. \	VAS DECEASED EVER IN U.: ES, NO, OR UNKNOWN) (IF YES	S. ARMED FORCES? GIVE WAR OR DATES) WW=2	166. SOCIAL SECURITY NO. 212-16-9499	17. INFORMANT	Robbins		_	
5 Q U S U		18. CAUSE OF DEATH (Entreme) PART I DEATH WAS CAUSE JMM	er only one cause per line AUSED BY: EDIATE CAUSE (o)	e for (a), (by and (c).) Ardin	2	est.		APPROXIMATE INTERVAL ETWEEN ONSET AND DEAT	
HAL RECORDS, 201 W. PRESTON HOULD BE EXECUTED WITHIN 24 F RD "PENDING" IN PENCIL IN ITEA HIEF MEDICAL EXAMINER ALON USED AS A BURIAL - TRANSIT PER OF HEALTH AND MENTAL HYGIER RIAL, CREMATION, OR REMOVAL		Conditions, if any, or gove rise to imme	vhich diote (b)	R AS A CONSEQUENCE OF	CVD.				
, 201 W. PRECUTED WITH CUTED WITH F. TRANINER RIAL-TRANI VD MENTAL H	P	cause (a) stating the <u>u</u> lying cause last.	(c)	R AS A CONSEQUENCE OF				A SOLIT	
ECCRDS D BE EXECUTE MEDICAL AS A BU CREMATA AN	NOI	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?							
SHOULD VORD "PE CHIEF A BE USED, HI OF HE USED, HI	TIFICAT	190. DATE OF OPERATION		ITION FOR WHICH OPERATION	WAS PERFORMED?		20	YES NO	
RIFICATE SI RTIFICATE SI NOT THE WO SHOULD BE SPAN EN	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUS	HOUR A.A	A. MONTH DAY YEAR	HOW INJURY OCCURRED (E	NTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)		
DIVISIC THIS CERTII , WRITING WARDED T PAGE 3 SH TATE DEP	MEDI	21d INJURY OCCURRED WHILE AT WORK AT WORK	E STREET, FAC	OF INJURY (AT HOME, 21f. L. TORY, FARM, ETC.)	OCATION STREET	CITY OR TOWN	COUNTY	STATE	
111 = 10	4	22a I certify that I took	charge of the remoins de	scribed above, held on Auto		Inquiry ,	and in my apinian		
LEXAMINER: HE CERTIFICATI OULD BE FOR AL DIRECTOR: H, WITH THE F, MARYLAND,		ACTUAL SIGNATURE	Mun P	2,m	TITLE (SPECIFY)	MEDICAL EXAMINER	DATE &	1/8/84	
TO MEDICAL I EXECUTE THE PAGE 4 SHOU TO FUNETH BAFFINDE H,			William P.	Jones, M.D.	ADDRESS 695 Ame			e 21035	
BA	(:	URIAL, CREMATION, REMOVE SPECIFY) Burial	7AL 23b. DATE 4/10/84	Meadowrid	The second secon	Elkridge,	, Howard	d. Md.	
DHMH - 17 (VR A15 ME (5))		Raymond V.	Fink G	len Burnie,	Md.	984 34 July	a Daydon	Andella.	

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STATE OF MARYLAND	-	-34	
DEPARTMENT OF HEALTH AND MENTAL BYGIENE	0	9	
CERTIFICATE OF DEATH			

	1 - STATE REGISTRAR	CERTIFICATE OF DEA							
	1. DECEASED NAME FIRST (TYPE OR PRINT) HARRY M.	ROHRBACH	20 DATE OF DEATH A	4-13-84 26 HOUR					
	MAR 1.	WHITE S. DATE OF BIRTH	VEAR 6. AGE (IN YEARS LAST BIRTH	HDAY IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.					
1	78. BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	_ // / / / / / / / / / / / / / / / / /	ARUNDEL MD.					
1	Annapolis	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF STREET ADDRESS) HIS NOTION SUCH FACILITY, GIVE STREET ADDRESS)	TION 120 USUAL OCCUPATION STYPE OF WORK FOR MOST OF WHOLE SA						
5	USUAL RESIDE 115 NURSING HOME OR OT 136. STATE 136. COUNTY	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 136. INSIDE CITY HINDARY YES NO	U DELO IN	Sty Ridge Cove					
4	MATTY L	Rohrbneh 15. MOTHER'S M.	Nes	Magee					
	160 WAS DECEASED EVER IN U.S. ARME (YES, NOOR INKNOWN) (IF YES, GIVE V	ED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMATY NAR OR DATES! 048-01-4203 Rutt	Wing Rohrb	ACA # 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
				8 YEAVS					
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORM	ED 200 AUTOPSY? YES □ NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO } \)					
7	VIII. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK	LIGHT A-MATTER CAN VEAD	RY OCCURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)					
	220 I certify that (I) (this hospital sow the deceased alive an	270. I certify that (I) (this hospital) attended the deceosed from							
	22d PHYSICIAN'S NAME (TYPEORP STUAUT E.	PHY 22e. ADDRESS	SICIAN STIRECTOR PHYSICI	Annapolis, Md.					
	73a. BURIAN, CREMATION, REMOVAL	230 DAY 7 84 DAVID SONVILLE N	leth VAVIOSO	WVILLE A.A. MD.					
1	NAME OF THE CLOK	10/ 1000 / 105	HECID. BY REGISTRAR 2	S REGISTRAR'S SIGNATURE					

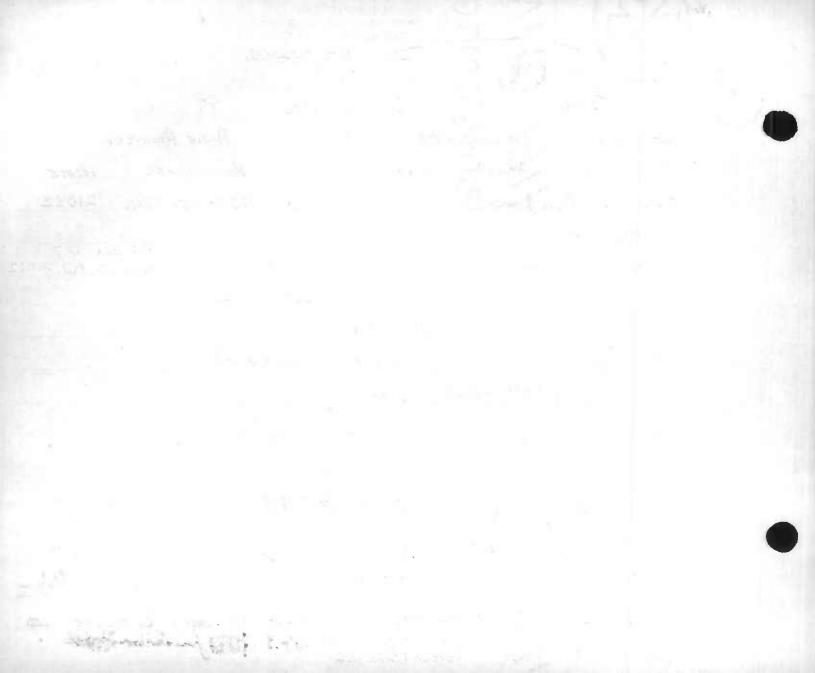
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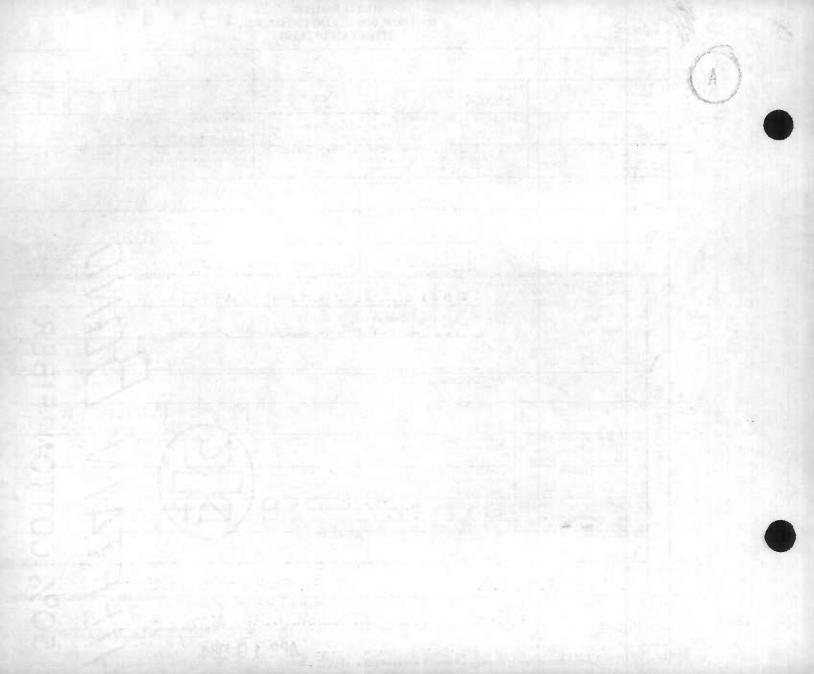
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X	1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF HEA	OF MARYLAND ALTH AND WENTAL HYG CATE OF DEATH	SIENE 0 9	8 5		•
		CEASED NAME FIRST ROSEND	ALE E	Is, DATE OF	ROSENDAL		MONTH DAY		30 A
_ (At)	/	RTHPLACE (STATE OR FOREIGN	(Auc	July	19 ⁰ ^Y, 1896	87	YRS.		MIN.
Thin 73	N	ARYLAND	UNITED STATES	MARRIED WIDOWED		ANNE	ARUNDE	L	MD.
ofte ed the	A	N NAYOLIS		NV C	TR	120. USUAL OCCUPATH (TYPE OF WORK FOR MOST OF HOMEMA	F WORKING LIFE) IN	L KIND OF BUSIN	
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours ysicion and campletely filled in by opers, Pages 1 and 2 should be fill wol. It, the medical againment may be an	13a. Mi	STATE 135. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM 13c. CITY OR TO FAREINDEL CROWNS V.	ILLE !	34 INSIDE CITY LIMITS? YES NO X		ZIP CODE L TRAIL	2103	2
Complete	140.	LINKNOWN VAS DECEASED EVER IN U.S. AR	MIDDLE LAST RMED FORCES? 160. SOCIAL SEC	CURITY NO. 1	UNKNOW 7 INFORMANT	MIDDLE	ss Ro. E	last	
be execution and c			VE WAR OR DATES)		and the same of th	SPURLIN	ARNO	D MD	21012
v St., BAI		PART I. DE ATH WAS CAUSE	TE CAUSE (o)	briva	in acc	ident		APPROXIMATE IN BETWEEN ONSET AN	ND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., 8AL NG PHYSICIAN; The low requires that the death certificate attending physician. After this certificate has been signed by the attending physici as the bural-transit permit. Then please remove carbon paper th and Mental Hygiene prior to burial, cremation, ar removal, or death of them 18 shows any injury, ar other traumatic event, the article of them 18 shows any injury, ar other traumatic event, the content of them 18 shows any injury, ar other traumatic event, the content of t		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQ	71730	40 4 060	oui.			
RDS, 201 equires th n signed if Then pleo r to burial injury, and	NO		CONDITIONS CONTRIBUTING TO	DEATH BUT N	OTRELATED TO THE TERM	MINAL DISEASE OR CONE	DITION GIVEN IN	PART 1(o)	
AL RECO	CERTIFICATION	196 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED	200 AUTOPSY?	20h. IF YES, WER IN CERTIFYING YES	RE FINDINGS US CAUSES OF DE NO	ATH?
DN OF VITA YSICIAN: TI ding physicia s certificate ouviol-fronte mental Hysia	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH R) P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART T.C	OR PART 2)	Sa .
DIVISION ING PHY r attendia After this as the bu Ith and M arked or	MED	2 1d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	TII LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE
R ATTEND haspital a RECTOR. A red for use spt. of Heal fem 21 is m		sow the deceased plive or obove, (i) (we) (did) (did)	ital) attended the deceased from	y, ond	that in (my) (aur) apinian	death occurred on the do		from the couses	
the Dorth		22h SIGNATURE	J- atata	m	ATTENDING PHYSICIAN	MEDICAL STAF	F	Y SIGNE	4.
TO HOSPITAL retained by th TO FUNERAL should be det with the State IMPORTANT:		M ICHARL	J. La Pent	MA	703 Ginni		ANNO	Pous M	d
BP		BURIAL, CREMATION, REMOVAL	April 7, 1984 h	leoplan	NETERY OR CREMATORY			More	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR NAME S B B B B B B B B B B B B	Saven Save	RITCHI	E HWY-APP	E CONTROLL	25h REO DTRAR'S	A CONTRACTOR OF THE PARTY OF TH	4





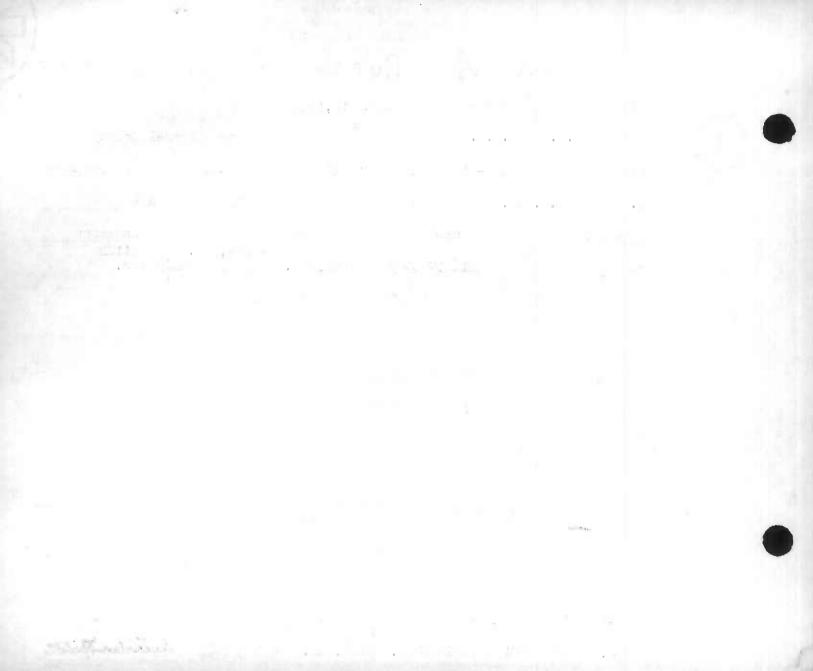
	fter death. Page 4 may be	num 72 halls after death
ALTIMORE, MARYLAND 21201	ote be executed within 24 hours of	sition and tompletely littled in by pers, Pager 1 and Anhalid be file of
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	10 FUNETAL DIRECTOR. After this certificate has been signed by the ottending physician and completely that in the function page 3 should be discussed by the puricipal physician permit Then please remove carbonappent frages I and a highlight be filed in the 72 halfs offer death and Mental Mariene prior to buriol, cremation, or removal.
DIVISION OF VITAL R	TO HOSPITAL OR ATTENDING PHYSICIAN: The Letained by the hospital or offending physician.	RECIOR: After this certificate has hed to use as the burial-transit per the off hand Mental Hydiene
	TO HOSPITAL C	TO FUNETAL D Chould be detect Life the State D

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DHMH - 16 50M 4/83 (VRA 15, 4)

3		FOR			DEPA			OF MARYLAND EALTH AND MENTAL HYG	IENE 0 9	8	1		
	۱-	STATE REGISTRAR				CE	RTIF	CATE OF DEATH	REG. N	0			
		CEASED NAME OR PRINTS GAR	FIRST LAN	ア	MIDDA	(ν,	ARK	20. DATE OF DEATH		YEAR YEAR	26 HOUR	
	3. SE X			RACE				F BIRTH	6. AGE (IN YEARS LAST BE		F UNDER TYEAR	IF UNDER 24 HRS	
1		Male	- 1	Whit	te		ept	16.1913	70	YRS.	MONTHS DAYS	HOURS MIN.	
18		RTHPLACE (STATE OR FOR	REIGN 76	CITIZEN OF	WHAT COUNT	TRY? 8		NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		
1		shington D	C.	U.S.A	1.		OOWE		Anne Aru	ndel (county	MD	
7	10. CI	TY OR TOWN OF DEATH			CH FACILITY, GIVE S	JRSING HO	OME O	ROTHER INSTITUTION ne 21122	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Editor	ION	126. KIND C INDUSTRY	26. KIND OF BUSINESS OR	
6	USUA	AL RESIDENCE (IF NURSIN		HER INSTITUTION	, GIVE RESIDENCE B	BEFORE ADMIS	SSION)				47	paper	
5		Md.	A · A ·	Co.	Pasad			13d. INSIDE CITY LIMITS? YES NO NO	1564 Par			124	
U	14 FA	Samuel	MI	DDLE	Ruark			15. MOTHER'S MAIDEN NAME Ethel	MIDDLE		nderso		
1		VAS DECEASED EVER IN YES, NO OR UNKNOWN) NO		ED FORCES? VAR OR DATES)	216 07		-	Thomas W. Ru	adena, Md ^{DDR} Lark 708 Ho	lly Av	21122 re.		
		18 CAUSE OF DEATH PART I. DEATH WA	(Enter only	ane cause pe	r line for (a), (b), and (c)		COLON			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH	
	7	Conditions, if any, a gove rise to imme cause [a], stating underlying cause	diate the last	(b)	OR AS A CONSE	EQUENCE	OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIV	EN IN PART 10	a.	
1	CERTIFICATION	190 DATE OF OPERATION	NC	196. CONDITION FOR WHICH OPERATION			RATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFYING CAUSES OF DEATH			
9		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	DEATH HOUR A.M. MONTH DAY YEAR			YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		S CART I OR PART 2)	NO 🗍	
	MEDICAL	214. INJURY OCCURRE WHILE NOT WHILL AT WORK AT WORK	D	21e PLACE	OF INJURY	FICE, FARM E		211. LOCATION STREET	CITY OR TO	JWN LVV	COUNTY	STATE	
	6	220.1 certify that (I) (this hospital) atteided the decased from									r and from the		
T		5.11	POR	47K	110	15		PHYSICIAN P 22e ADDRESS					
		SURIAL, CREMATION, RI		236. DATE 4/23				EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN BATTT	MORE	COUNTY	RY T.A NID	

4001 RITCHIE BALTO. MD. APR 23 1984 24. FUNERAL DIRECTOR
GEORGE J. GONCE



OR ATTENDING PHYSICIAN: The low requires that the death certificate be

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicient should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

6

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

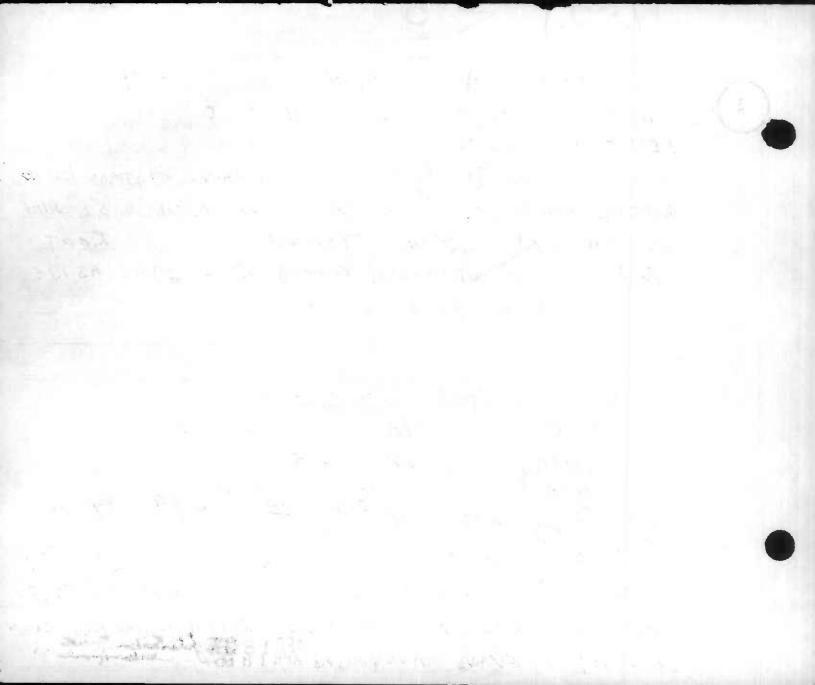
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1	REGISTRAR		CERTIFICATI	Ur DEATH	REG. NO	D.		
	CEASED NAME FIRST	MIDDLE	RYA	N	20 DATE OF DEATH	MONTH DAY 4-9-	84 26. HOU	15 N
3. SE	male	4. RACE Whyte	5. DATE OF BIRTH	12 - 91	6. AGE (IN YEARS LAST BIRT	YRS.	DAYS HOURS	24 HRS MIN.
70. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED WIDOWED	VEVER MARRIED DIVORCED	ANNE A	r county of de	Co.	ME
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Vir	ATHER'S NAME BIRST AM AM AM AM AM AM AM AM AM A	R. RYAM	VJ	TENNIE	MIDDLE ADDRE	cc	ROOT	_
	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		GERALD		SAME	A5/3	E
PART 2 19a DA 21a AC 21a AC	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	UENCE OF	ELATED TO THE TERMI	INAL DISEASE OR CONI	DITION GIVEN IN P	ART 1(o)	
	190 DATE OF OPERATION NONE	196. CONDITION FOR WHICH	HOPERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES [H?
	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF THE	HOUR A.M. MONTH	DAY YEAR 216 H	OW INJURY OCCURRI	ED (ENTER NATURE OF INJUS	RY IN ITEM 18, PART T OR F	PART 2)	
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE,	FARM ETC)	OCATION STREET	N/A CITY OR TO	19 8	SI	TATE
	220.1 certify the (11) this hospital) attended the deceased from 19 1, the (11) we saw the deceased olive on 19 1, ond that in (our) opinion death occurred on the date and hour and from the couses state above, (1) (we) (did) (fild na) view the body offer death. 220.5 IGNATURE DEGREE 1220.1 certify tho (11) this hospital) of tended the deceased from 19 1, ond that in (our) opinion death occurred on the date and hour and from the couses state above, (1) (we) (did) (fild na) view the body offer death.							
-	10000 U	Valsh MD	220 /	ATTENDING PHYSICIAN ADDRESS	MEDICAL STAF	IAN D	4-11-8	34
	THOMAS	M. WALSH	MD 26	9 Commen	la tarm	KOAD IV	d 210	12
	BURIAL, CREMATION, REMOVAL ISPOSITY BURIAL	23b. DATE 4-13-84	ROSE	HILL	Rock His	L HART		CO N
24 F	UNERAL DIRECTOR			Acres 4	Jes Carles and Carles	" GTE BAR"	LINE FREE	1

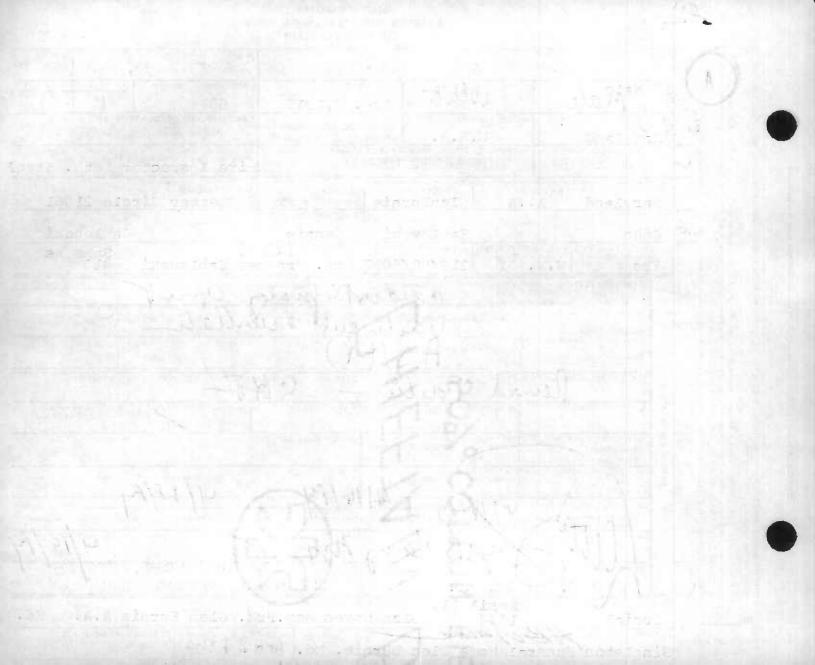
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TO HOSPITAL OR ATTEN

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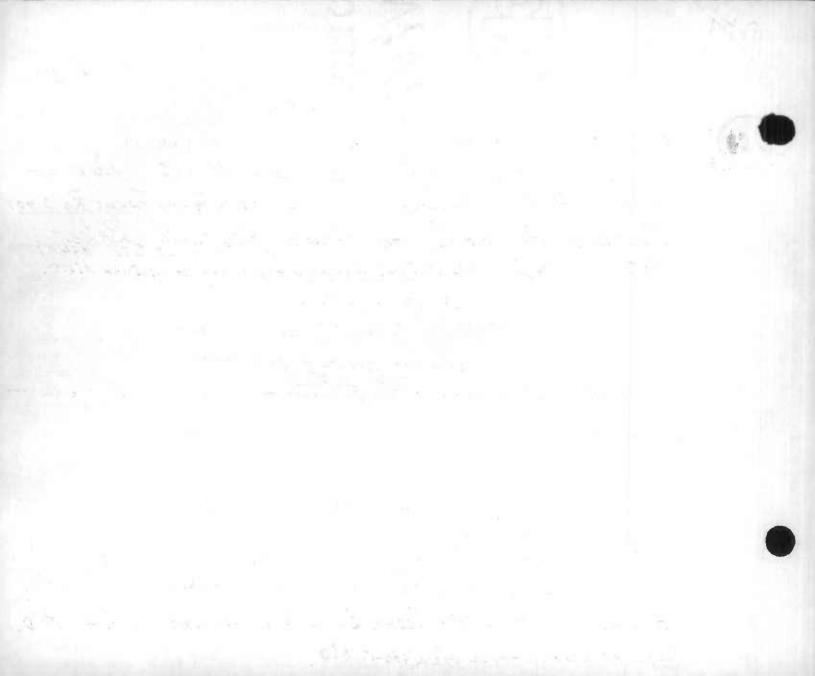


	Ľ.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 1 8 9 CERTIFICATE OF DEATH REG. NO. EST						
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ectr Frage Vrs filter deat	3. SE	* Male ale	4. RACE WHITE	5. DATE OF BIRTH MONTH Aug. 4,1915		UNDER 1 YEAR IF UNDER 24 HRS			
death. Page uneral direct hin 72 hours	M	IRTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 120. USUAL OCCUPATION LITTLE OF WORK FOR MOST OF WORKING LIFE) FIRE Inspector Beth. Stee.				
Softer Softer	10. C	GLEN BURNIE	11. NAME OF HOSPITAL, NURSIN	ADDRESS PITAL					
filled in fould be	13a.	AL RESIDENCE IF NURSING HOME OF STATE 136. COUNTY	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW GlenBur	N 138. INSIDE CITY LIMITS?	13. STREET ADDRESS 5 Chester Circ	le 21 061			
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16	1.	FOR STATE REGISTRAR	DEF	PARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYG ATE OF DEATH	IENE D 9 1	9 0	
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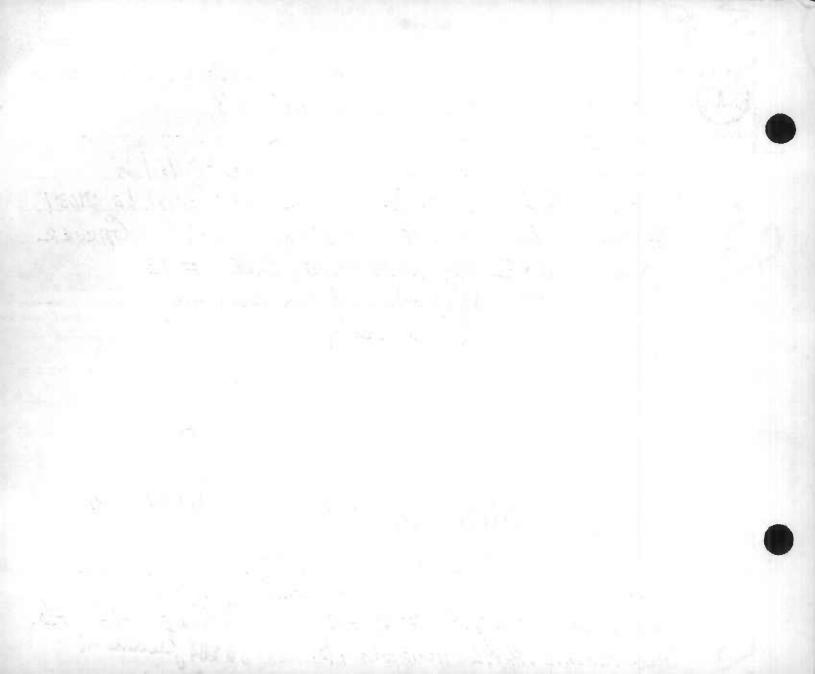
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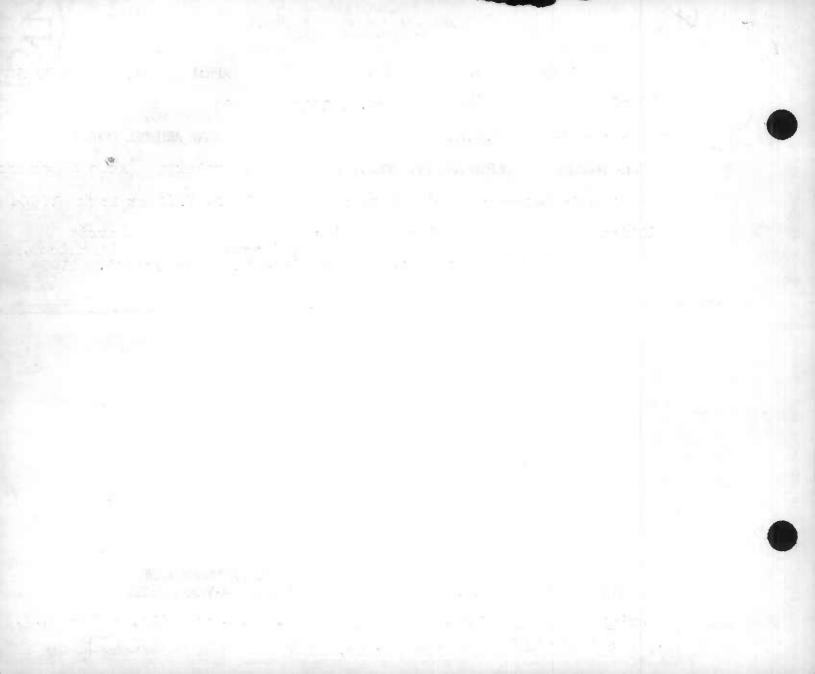
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STATE OF MARYLAND
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(VRA 15, 4)



executed within 24 haurs after

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

	7	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE 9	0.	Q	EST	
-Q.£			CEASED NAME OR PRINT)	JULIA		AIDDLE C.	SEDIO	TIM	20. DATE OF DEATH APRIL	MONTH DAY	1984	26. HOUR 425 AM	
A de la)	3. SE)		OCLAN			SEPT	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF L	INDER I YEAR	IF UNDER 24 HRS HOURS MIN,	
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TO FUNERAL	MPORTANT:			CHUF	RCH, M.D				EVERGREEN I PARK, MARY	ROAD	1146	1	
)	_	- (BURIAL, CREMATION, SPECIFY) BURIAL	REMOVAL	23b. DATE 4/16/8		ADOWF		DORSEY			RYLAND	
		24 FL	JNERAL DIRECTOR					25a DAT	E REC'D. BY REGISTRAR	25b. REGISTRAI	R'S SIGNATI	JRE	

1328 SULPHUR SPRING ROAD

DHMH - 16 50M 4/83 (VRA 15, 4)

AMBRÖSE FUNERAL HOME



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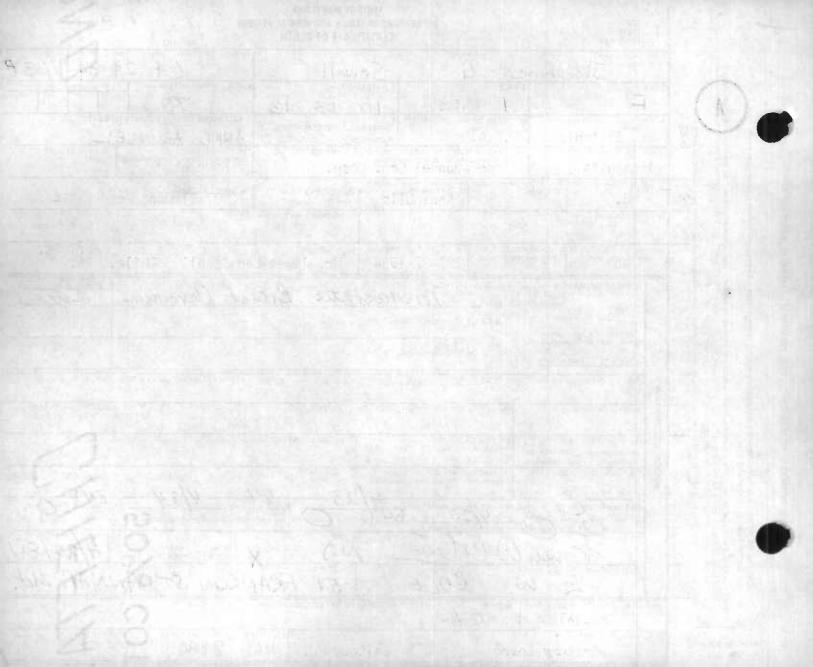
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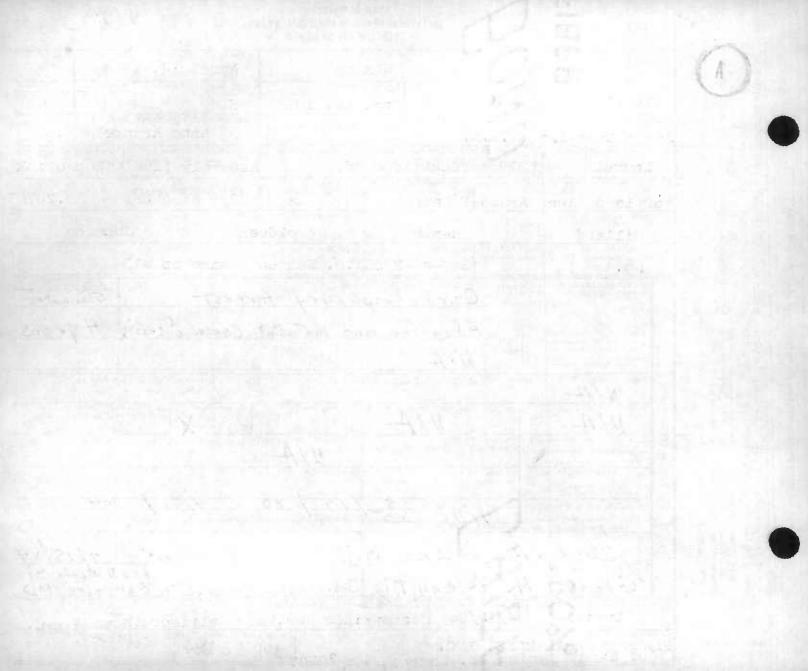
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8	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	ALTH AND MENTAL CATE OF DEATH		198				
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rs offer elemin for by the furnishment of codied without of the codied o	10. C	IRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois ITY OR TOWN OF DEATH INNAPOLIS	U.S.A.	7b. CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL, NURSING (JE NOT IN SUCK FACILITY, GIVE STREET AL Anne Arunde G		NEVER MARRIED	9. BALTIMORE CITY ANNE A 120. USUAL OCCUPA	9. BALTIMORE CITY OR COUNTY OF DEATH				
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IIMORE,	160	WAS DECEASED EVER IN U.S	S. ARMED FORCES? ES, GIVE WAR OR DATES)	261-07-		Mr. James	Leo Sewell	Phila., P	a.			
DRDS, 201 W. PRESTON ST., B./ requires that the death certificat en signed by the attending physis. Then please remove carbon pop or to burial, cremation, or removo y injury, or other fraumatic event,	TION	Conditions, if ony, which gove rise to immediate course to its stating the underlying course los	DUE TO, OI by Color of the co	PAS A CONSEQUI	TASI		TERMINAL DISEASE OR COI	NOTION GIVEN IN PART				
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0 % 0 % \$ \$ F		BURIAL, CREMATION, REMO (SPECIFY) Removal		6/84	NAME OF CI	METERY OR CREMATO	CITY OR TOWN	COUNTY	STATE			
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	uneral director Anatomy	/ Board	ADDRESS	Balt	o., Md.	MAY 2 1984	R 36 REGISTRAR'S SIGN	Mandall			





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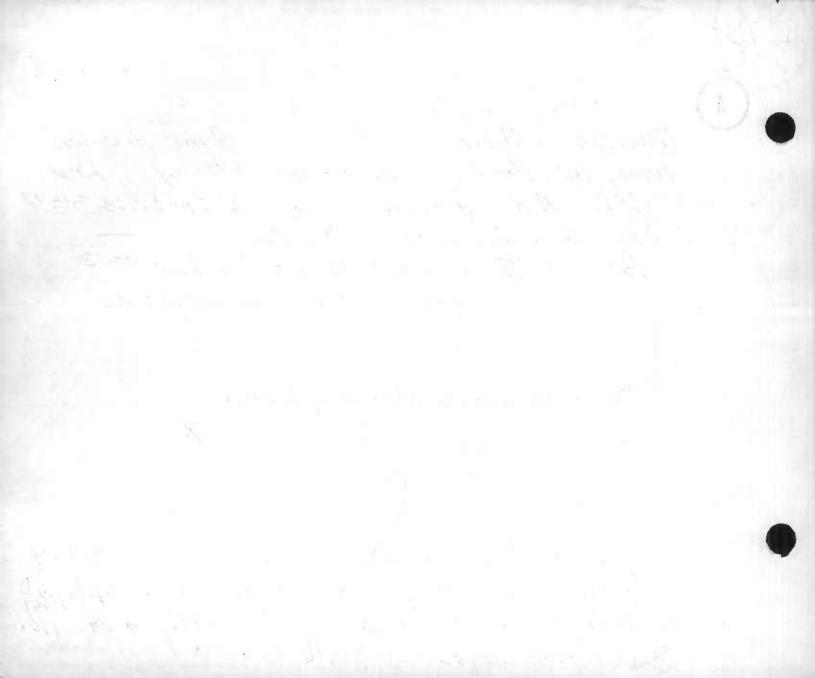
FOR

DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

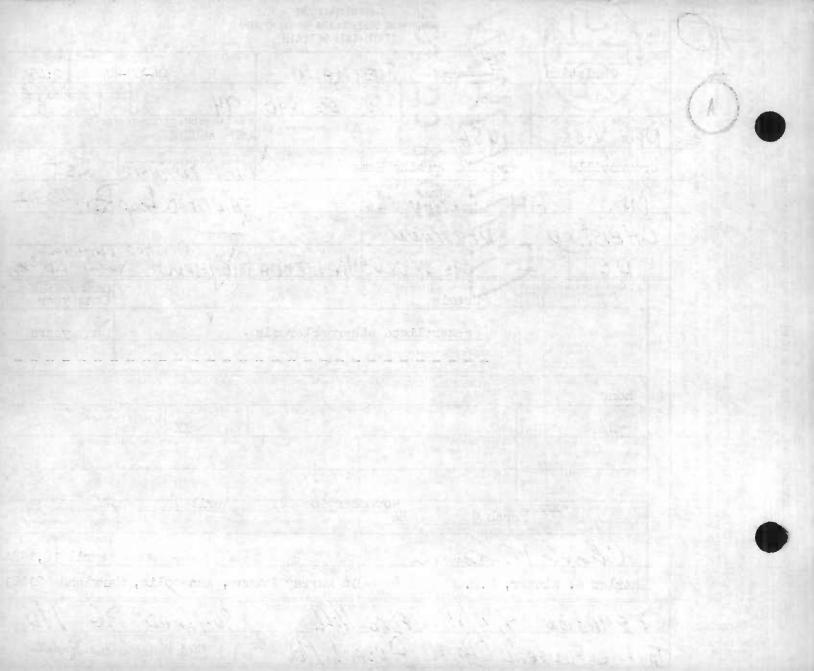
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+	1	FOR - STATE	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIE										
(R)	1. DE	REGISTRAR CEASED NAME F	IRST		MIDDLE		AST	20. DATE O	REG. NO	O. MONTH	DAY YEAR	2b. HOUR	
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ê 0. j	3. SE	х	4.	WHITE		5. DATE O	5. DATE OF BIRTH MONTH DAY, YEAR		YEARS LAST BIRTH	HDAY)	IF UNDER I YEAR		
0,010	100	FEMALE				3	- 14 - 1899	85 YRS.					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7a B	IRTHPLACE (STATE OR FORE COUNTRY) MASS.	16N 7b.	U.S.	WHAT COUNTRY	MARRIE	MARRIED NEVER MARRIED WIDOWED DIVORCED		_		Y OF DEATH	44.0	
the second				11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GWE STREET ADDRESS) 31.2 SEVERN AVE. APT. # 309			120 USUAL OCCUPATION 126 KIND OF E			OF BUSINESS OR			
24 having the filed in the	13a.		COUNTY	HER INSTITUTION		E AOMISSION)	13d. INSIDE CITY LIMITS? YES MO	13e.STREET		ZIP CODE	E .	+03	
MAKTLA and within	H, F	FATHER'S NAME PETER P		AUL O'BRIEN		15. MOTHER'S MAIDEN NA FIRST MARY	AOTHER'S MAIDEN NAME MARY EI MODLE EI			LA	LLIOTT		
De execut	16a	WAS DECEASED EVER IN 1YES NO OR UNKNOWN) (1		D FORCES? (AR OR OATES)	033-24-5		MR. DONALD	J.SHEE	ADDRES 311 HY ANN	s taF8L	RTH ST	21403	
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SICIAN ng phys certifica ritiol-tro entol Hi	MEDICAL CER	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL B 21d. IN JURY OCCURRED WHILE NOT WHILE	SE OF DEATH EXAMINER)	P. 21e. PLACE	m. month [m.	19	211 LOCATION STREET	RED (ENTER NA	ATURE OF INJURY		PART OR PART 2)	STATE	
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TO HOSPITAL OR A retained by the hos TO FUNERAL DIREC should be detoched with the Store Dept.		22d PHYSICIAN STAM	1 1	Jour	e M	<u> </u>	ATTENDING PHYSICIAN 1	DIRECTOR	PHYSICI	FIAN []	25	Gel 8)	
Should should be	230.	BURIAL, CREMATION, REA	MOVAL	DATE /	30-84 230	NAME OF C	EMETERY OR CREMATORY	23d. LOC	ATION	11	norge	119	
BP		(SPECIFY) BURIAL		4528	-20-04	EW CA			OR TOWN ELINDA	LE	COUNTY	MASS	
DHMH - 16 50M 4/83		UNERAL DIRECTOR			AOORESS			E REC'D. BY F	REGISTRARI?	REGIST	TPAR'S SIGNA	TURE	
(VRA 15, 4)	10	S.GAWLERS'SO	NS IN	vc.5130	WISC.AT	E.NW.	WASH.,D.CLOR	2714	4 Lich	a Dain	Millions - 870	2.60	

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70	1 - 5	OR TATE EGISTRAR	DEPAI	RTMENT OF HEA	OF MARYLAND LITH AND MENTAL HY LATE OF DEATH	rGIENE 0 9	203			
	I. DECE.	ASED NAME FIRST	G MIDDLE	LAST		2a. DATE OF DEATH	MONTH DAY YEAR	7b HOUR		
у be		Christian	Siogmann	SIE9	MANU	M	04-10-84	2:45A M		
oge 4 mo	3 SEX	male	cauc.	S. DATE O	22 1890	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE MONTHS DATE YRS.			
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filled in ould be filled in myst be	USUAL 13a STA	RESIDENCE (IF NURSING HOME OR COUNTY)	OTHER INSTITUTION, GIVE RESIDENCE BEI	OWN /	BIL INSIDE CITY LIMITS?	13e. STREET ADDRESS	LoopPo	21032		
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by the observement, cremo	(gove rise to immediate cause (a), stating the inderlying cause lost	DUE TO, OR AS A CONSEQUENCE OF							
signed hen ple to burio ijury, or	Z P	ART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING T	O DEATH BUT NO	OT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PART	1(a)		
no. hos been permit. I ne prior wws any in	CERTIFICATION	DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	DINGS USED SES OF DEATH?		
ng physicio certificate h uriol-tronsit entol Hygie Item 18 sho		a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	It. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU				
er this cer ond Ment ked or Iter	WEDIC	d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	12	II. LOCATION STREET	CITY OR TO	AN COUNTA	STATE		
OR: Afternoon use os		saw the deceased alive on	March 9	21.		n death accurred an the d	19_84	_, that (I) (we) last		
haspital IRECTOR hed for u ept. of He	2:	obove, (I) (we) (did) (did not	view the body after death.		GREE			TE SIGNED		
RAL DI detock tote De		Charles 1	V. time		ATTENDING PHYSICIAN	MEDICAL STA	IAN Apr	il 10,198		
TO FUNERAL IS should be deto with the Stote IMPORTANT: If		harles W. Kinz			2. ADDRESS 16 Murray Av	venue, Annap	olis, Maryl	and 2140		
	23a BUF	RIAL, CREMATION REMOVAL	23b DATE /94 23	ANAME OF CEN	NETER OR CREMATORY	23d. LOCATION	De Port	HAD		
BP H- 16 50M 7/77	24 FUN	ERAL DIRECTOR	1/1/1/	COHE!	4.66 25a. D	ATE REC'D. BY REGISTRAR	25), REGISTRAR'S SIGN	ATURE		
R A 15 (4))	TAY	LOR FUNER	AL CHAPPEL	HNWA	puls Mo. A	PR 1 1 1984	Julia Davidson	Mandell		



6/5	1.	STATE OF MARYLAND, FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH
moy be		CEASED NAME FIRST MIDDLE LAST STORTH 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR AND YEAR 27 HOUR 28 HOUR AND YEAR 28 HOUR AND YEAR 28 HOUR 28
Poge 4	0. B	FEMALE CAUCASIAN 8 25 08 75 YRS. MONTHS DATS HOURS MIN. IRTHPLACE (STATE OFFOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. 9. BALTIMORE CITY OR COUNTY OF DEATH
frame A at Sea a	R	MARRIED NEVER MARRIED AND AND A MARRIED MOVED MONTH IN NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126 KIND OF BUSINESS OR
in by the fi	B	nna September General Hospital Riggs Hulbse Hospital
Filled 124 h	130.	nD Annapolis YES NO 136 STREET ADDRESS / ZIP CODE 21403
ompletely I and 2 sh	1	George Blieve Bertha Middle Platt
be executed on and of streets.	360	WAS DECEASED EVEN IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Same as VEN OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Clara J. Caylor - #13
on, BALL g physicia ponpapers. remaval.		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and Went Fulus APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MMEDIATE CAUSE (a)
e death cert e attending p mave carban ration, ar ren traumatic ev		Conditions, if ony, which (b) seferme carding the
d by the lease rem	7	gove rise to immediate couse (a), stating the underlying couse last (c) DUE TO, OR AS ACONSEQUENCE (c)
equires equires Then pl r ta buri injury, o	NO NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101
a peas	CERTIFICATION	196. DATE OF OPERATOR 196. CONDITION FOR WHICH OPERATOR WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
YSICIAN: The liding physician. Is certificate has burial-transit per Mental Hygiene ar Item 18 arrows		210. ACCIDENT WAS UNDERLYING COURSED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
ond the ked o	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AL WORK ALL WORK COUNTY 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216 LOCATION STREET CITY OR TOWN COUNTY STATE
TTENDING spiral at a Spiral at a for use as of Health		224 I certify that (1) (this haspital) attended the deceased from
AL OR A the hospital DIRECTOR		222. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (4/24/84)
O HOSPITAL OR A couned by the has should be detached with the State Dept.		TO Seph D. Friend 205 Rulgely Ave. Annyolis, M
BP	230	BURIAL, CREMATION, REMOVAL 236. DATE POR ST. ADDE'S AND CITY OF TOWN IS AND STATE OF CEMETERY OF CREMATORY PARTIES AND CITY OF TOWN IS AND STATE OF CEMETERY OF CREMATORY ADDITIONAL STATE OF CEMETERY OF CEMETERY OF CREMATORY ADDITIONAL STATE OF CEMETERY
DHMH - 16 50M 4/83 (VRA 15, 4)	1	uneral director 256 Date Recib Trans Stonature APR 26 1984 Plan Davidson - Montager - Manager



91	1.	FOR - STATE		DEPARTMENT OF H	EALTH AND MENTA ICATE OF DEATH	IT HÄGIENE 0 3	2 0	5	
T		REGISTRAR		CERTIF	ICATE OF DEATE	REG.			
, m.s.		CEASED NAME FIRST	WIDDLE		AST	2a DATE OF DEATH	MONTH DAY	YEAR 26 HOUR	
4 5.8		CLAID	rave R	7/	ith		4 - 5	-89 11 AN	
	3 SE	X	4. RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST		UNDER I YEAR IF UNDER 24 HRS	
A A A		M ALE	CAUCASIA	NOV.	11, 190	1 82	YRS.	NTHS DAYS HOURS MIN.	
	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT C	OUNTRY? 8.	XX NEVER MARRIE	9. BALTIMORE CITY			
	V	IRGINIA	USA	WIDOWE			UNDEL (COUNTY	
d with		GEWATER	11. NAME OF HOSPITA	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION			120 USUAL OCCUPATION 125 KIND OF BUSINESS OR BUSINESS OR BUSINESS OR TRANSIT C		
filled in bould be fi	13a.	AL RESIDENCE (IF NURSING HOME OF STATE TO ANNE .	OTHER INSTITUTION, GIVE RESID	Y OR TOWN OF EWATER	A 124 INSIDE CITY HALTES 112 STREET ADDRESS / 710 CODE			ROAD 21037	
The Sale	14. F.	ATHER'S NAME	WIDDLE		15. MOTHER'S MAID				
uted wo		CHARLES H	• MIDDLE	SMITH	LOĽÄ	E.	ED	WARD'S	
d court	16a.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SO	CIAL SECURITY NO.	17. INFORMANT		DRESS		
on and c		YES, NO RUNKNOWN) (IF YES, GIV	578	3-10-7376	ALMEDA	B. SMITH SA	ME AS	13 E	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physician. After this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbonopopers. Pages 1 and 2 should be filed than Amental Hygiene prior to buriol, cremation, or removal. orked at Item 18 shows any injury, or other traumatic event, the medical exampler make for		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA! Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause lost.	D RY.	Spina for	COPIS	nest tic &A		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Y-LARS YLARS	
S, 20 urres 1 igned en ple o buric	z	PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO TH	E TERMINAL DISEASE OR CO)NDITION GIVEN	IN PART 110	
AL RECORD he low requon. has been s t permit. Th tene prior to ows any inji	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS USED NG CAUSES OF DEATH? NO NO	
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ITAL OR ATT		276 SIGNATURE	MILL			ING MEDICAL ST	TAFF SICIAN []	22¢. DATE SIGNED	
TO HOSPITAL retained by the TO FUNERAL should be det with the State			IT EL SAVA	М	22e ADDRESS				
Er Fays		BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMA	TORY 23d LOCATION		COUNTY STATE	
BP	-	SURIAL	4-7-84 H	FORT LINC	OLN CEME	TERY BRENTW		INCE GEORGE	
	# 74 F	LINE KALLINKE LOD			7	TO THE RELEASE BEAT OF BUILDING	A ME THE RELEASE BY	IN SAN WELL A THIRD	

ROBERT E. EVANS ANNAPOLIS, MARYLANER

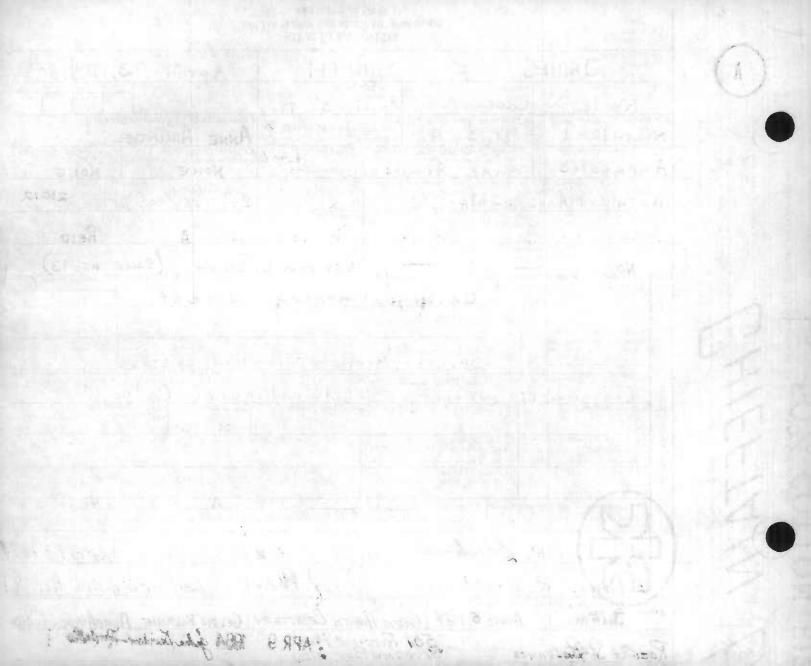
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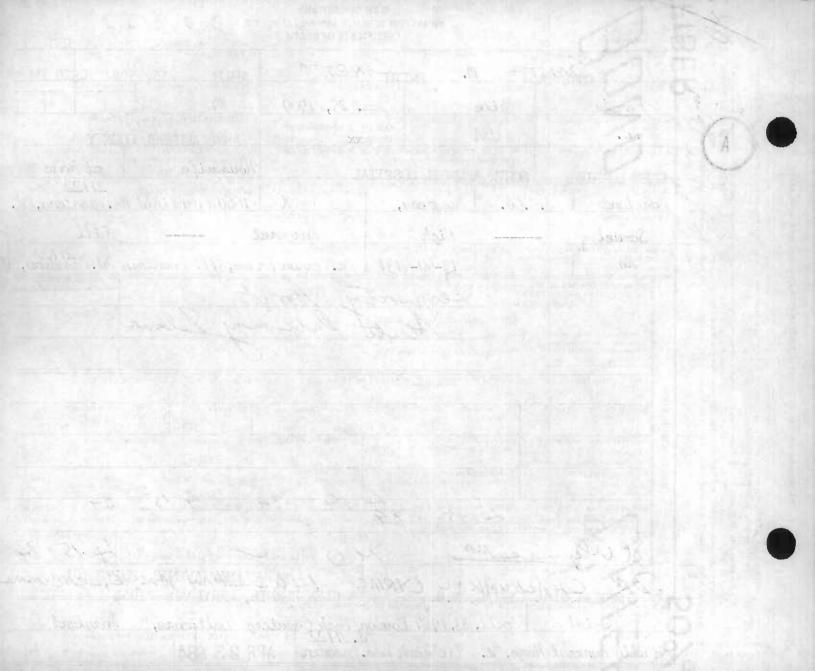


BARRANCE

KOBERT J

(VRA 15, 4)





DEPARTMENT OF HEALTH AND MENTAL'HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a DATE OF DEATH MONTH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) M. WILLIAM 84 MITH IF UNDER I YEAR 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX MONTH DAY YEAR DAYS 22 Male White YRS. 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Md Anne Arundel U.S.A. WIDOWED DIVORCED D. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Glen Burnie Koppens Co. Arundel Hospital Tool Engineer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Μđ A.A. Pasadena Sandy Beach FA FATHER'S NAME 15. MOTHER'S MAIDEN NAME ALEDOUR Louise CARD Ear] D Smith Immler ADDRESS Mr. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Yes I IF YES, GIVE WAR OR DATES! Evelyn V. Smith Same as 13e IE CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE TO DUE TO, OR AS # CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse ial, stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO M NOF YES [21g. ACCIDENT WAS UNDERLYING 21h, TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 214. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an. and that in (my) (ear) opinion death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body ofter death, 226. SIGNATURE DEGREE 22. DATESIGNED ATTENDING / MEDICAL PHYSICIAN DA Therete DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23g. BURIAL, CREMATION, REMOVAL 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE STATE COUNTY (SPECIFY) Burial Crestlawn Cemetery Sykesville Carroll

Balto

DHMH - 16 25M

(VR A 15 (4)) 9/74

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24. EUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hgwy

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL DYCHENE

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	1 -	STATE REGISTRAR			DEFAR	CERTIF	ICATE OF DEATH	REG. N	_		ricom
		EASED NAME	FIRST		MIDDLE		AST		MONTH DA	Y YEAR	2b. HOUR
	TYPE	OR PRINT)	CORNE	ET TITC	CLARENCE	CODO	PTA	APRTI.	20	1004	0F72 A
	3 SEX		CURIVI	4 RACE	LIARENLI	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		1984 UNDER I YEAR	IF UNDER 24 HRS.
	- 1	Male		White		9 MONTH	1111 1917	66	YRS.	DAYS DAYS	HOURS MIN.
1		RTHPLACE STATE OF F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8.	NEVER MARRIED	9 BALTIMORE CITY		F DEATH	
0	W:	isconsin		USA		WIDOWE	_		RUNDEI	COUNT	TV MD.
1	30. CT	TY OR TOWN OF DEA	TH		HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATE	ON	126. KIND C	F BUSINESS OR
		GLEN BURN	TE.	NORT	H ARINDI		PTTAL.	Ret. Major)	US A	my
1		L RESIDENCE (IF NURS	ING HOME OR		GIVE RESIDENCE BEFO	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13a SEPEET APPRESS	CZIP CODE	04400	
2	Me	d TATE	13A CAUN		MfITERS	ville	YES NO	1395764 ABBEST	iin or.	21108	3
és :		THER'S NAME		WIDDLE GO	L - L LIAST		15. MOTHER'S MAIDEN N	NAME MIDDLE		LAS	51
1	P	rank		50	botta		Ka thr yn	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Swie	tz
1	16a W	YAS DECEASED EVER		MED FORCES?	394-03-		17. INFORMANT Doris Sobot	tta # 13	SS		
		162	1904	1900	394-03-	.1011	DOI 15 50000	ota 17 13			
		18 CAUSE OF DEAT PART 1. DEATH W	H (Enter on	ly one couse per	line for (9), (b), o	and (c).)	a olin 1 1	2.1-10	644	BETWEEN	MATE INTERVAL ONSET AND DEATH
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		4100		DUE TO, O	R AS A CONSEC	UENCE OF	AcrilA	V		c/	1110
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	ш	couse (a), statin	g the	DUE TO, O	R AS A CONSEO	UENCE OF					
	ш			((c)							
	z	PART 2 OF HER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTING	DEATH BUT	NOT RELATED TO THE TO	sminaddisease or con	DITION GIVE	V IN PART 1	0
-	CERTIFICATION	L9a DATE OF OPERA	TION	TIBL CONID	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20h JE YES	WERE FINDI	NGS LISED
2	5	THE DATE OF OPERA	11014	170 COND	IIIOI470k WIIIC	II OF ERATIO	14 WAS TERT ORMED	100	IN CERTIFY	NG CAUSES	OF DEATH?
	E	210. ACCIDENT WAS UNE	FRLYING [216. TIME C	E IN IURY		21¢ HOW IN JURY OCCI	JRRED (ENTER NATURE OF INJU	YES		NO 🗌
1		OR CONTRIBUTING	AUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR		THE THE THE THE		, , , , , , , , , , , , , , , , , , , ,	
	MEDICAL	(IF EITHER, NOTIFY MEDI		21e. PLACE	M. OF INJURY	19	211 LOCATION				
	WE	WHILE NOT WE	IIIE 🗆		REET, FACTORY, OFFICE	, FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
		228 L cortifu that (I)		tal) attended A	Adecensed from	D.	. 10 X	15 N	01	84	that (I) (we) last
		22a certify that (I) saw the elecease	Charles and the second			84 .	nd that in (my) (our) apinio	on death accurred on the d	ote and hour		
		above (1) we) (c	did and no	view the body	ofter death.	(DEGREE			22c DATE	
		1	1111	Vii	M	M.	ATTENDING	MEDICAL STA	F	20	HA1. 84
-		22d. PHYSICIAN'S NA	AME THE D	R PRINT)	5		22e ADDRESS	DIRECTOR PHISIC	IAN []	100	747 1 0 1
1		U]	KIMBOROUGH A	SOH AWA	SPITAL	
g .		DR JAN	ILS KI	NC			FODT M	CADE MADVIA	JD.		
		URIAL, CREMATION, SPECIFY) UPIAL	REMOVAL	23b. DATE	230	NAME OF	EMETERY OR CREMATOR	Y 23 LOCATION	487		

BP.

TO FUNERAL DIRECTOR:

TO HOSPITAL

shauld be detached for use as the burial-transit permit. Then please remove carbandape with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or remaval

MPORTANT: If Item 21 is marked an Item 18 shaws any

DHMH - 16 50M 4/83 (VRA 15, 4)

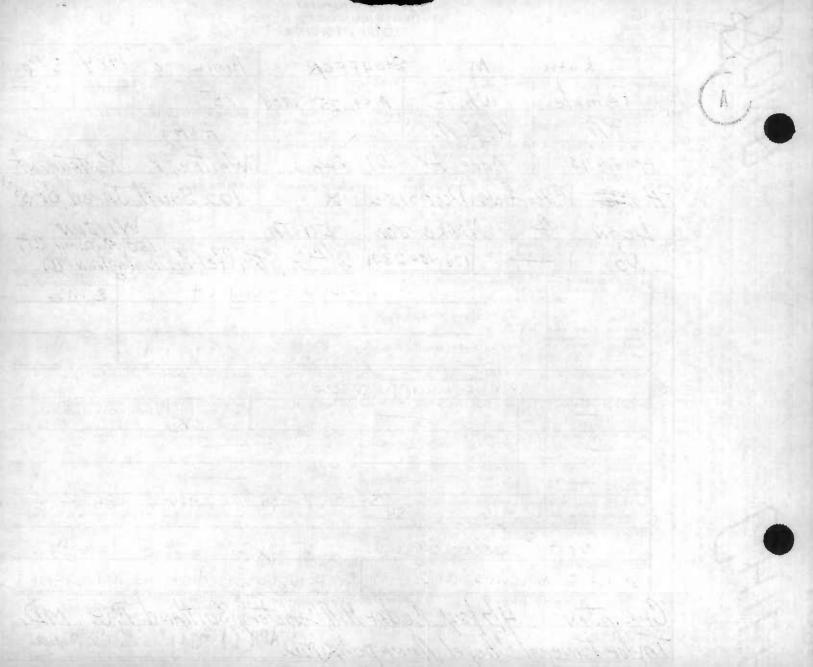
²⁴ FUNERAL DIRECTOR
T. Maryland 21401

2M LOCATION
CITY OR TOWN
Millersville Our Lady of the Fields

Medical and the PA

Dell'Estate Company (Company) (Compa

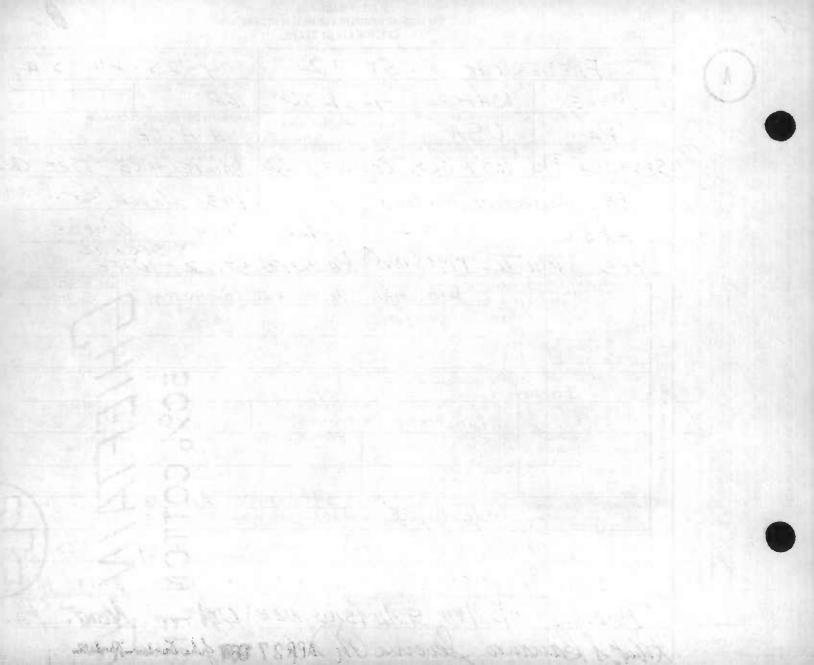
STATE OF MARYLAND



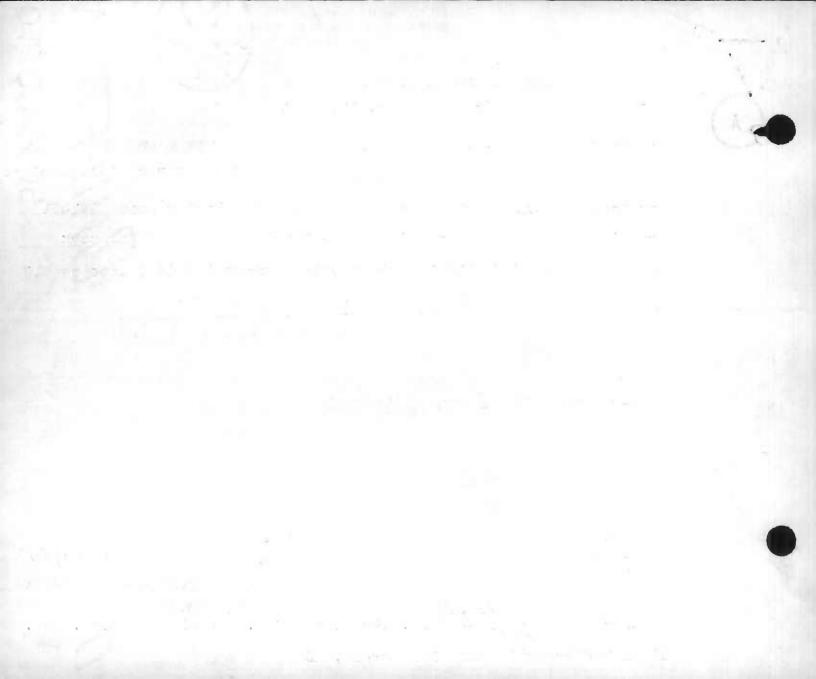
STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I. DECEASED NAME Zb. HOUR TYPE OR PRINTS EDERICK 6. AGE IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX IF UNDER 1 YEAR YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE __LSTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRYN WIDOWED DIVORCED 126. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESSA TYPE OF WORK FOR MOST OF WORKING LIFE SEVERNA GIVE RESIDENCE BEFORE ADMISSION 13a STATE COUNTY 13c CITY OR LOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 61/s Town YES TO NOF 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? HT INFORMANT 166. SOCIAL SECURITY NO. APPROXIMATE INTERVAL LAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Carcinoma 5 mo. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION Lhanition 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 29/84 ancreatic (arcinoma NOD YES [NO T 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21d IN JURY OCCURRED 21e PLACE OF INJURY STATE COUNTY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that () (this haspital) attended the deceased from, _. that (i) (we) last and that in (my) (our) opinion death occurred an the date and hour and from the causes stated sow the deceased alive on above, (1)(we) (did) (did nat) view the bady after death. 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN Should be de with the Stat IMPORTANT 22e ADDRESS 22d PHYSICIAN'S NAME TYPE OR PRINTS A. WIEBKE JOHNS HOPKINS HOSP. BALT. MD TO F 236 NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION, REMOVAL BP RIAN 74. FUNTERAL DIRECTO DHMH - 16 50M 4/B2 (VRA 15, 4)



6. 8	1-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND, ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		1 3
Ψ .		CEASED NAME FIRST	WIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
Section 2	(TYPE	OR PRINT)		SZYMANSKI	ADDII	14 1084 0100 MPM
	3. SE		1. RACE	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	1	Male		Nov. 17, 1923	60 YR	
1 184		RTHPLACE STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED XNEVER MARRIED	9. BALTIMORE CITY OR COUP	
		aryland IV OF TOWN OF DEATH	U.S.A. 11. NAME OF HOSPITAL, NURSING	WIDOWED DIVORCED DIVORCED DIVORCED	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
1 1 11/19	· .		(IF NOT IN SUCH FACILITY, GIVE STREET A	DDRESS)	Truck Drive	r Self Employe
25	USU	AL RESTDENCE THE NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	DMISSION)		
ON TO THE TO			A. Glen Bu		130 STREET ADDRESS / ZIP CO	
1 12/1/1/		THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA/		IAST
W 9 10/12/0	_	rancis	Szymansk			Kasprzyk
ORE OPE	-1	VAS DECEASED EVER IN U.S. ARI	E WAR OR DATES)		ADDRESS	
BALTIMOR cote be size cote be size opers. Page vool. nt, the medic	N	0 //	//// 218/18/	8932 Stella Szy	manski (Wife	
		PART 1. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE	Orespirater	1 arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESTON ST., es that the death certifi ned by the attending pt please remove corbong urial, cremation, or remo		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUEN	NCE OF	reart ja	unc
DS, 20 quires t	z		ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir ottending physicion. After this certificate has been sign os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH C	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
SICIAN: T ng physici certificate uriol-transi ental Hygi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART TORPART 2)
DIVISION DING PHYS Or offendin After this ce os the burn of the ord Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	RM ETC) 214 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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2 0 0 0 0 0		sow the deceased alive on obove (I) (we) (did) (did no	19 t) view the body ofter death.	, and that in (my) (our) opinion of	death occurred on the date and	
0 " 0 0 0		22b. SIGNATURE		_	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED
TO HOSPITAL I		22d PHYSICIAN'S NAME (TYPE O			422 BALTIMORE A	ANNAPOLIS BOULEVAR
BP		Burrar O	April 17, St	ME OF CEMETERY OR CHEMINORU Stanislaus Ce	m, Dungalk	Balto. Md.
DHMH - 16 50M 4/83 (VRA 15, 4)		ingleton Fune	eral Home Glen	Burnie, Md AP	R 1 7 1984	Daydon Wender



(14	1	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 0 9 2	EDT EDT
1	0		ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ge 9	eoth		HOWARI) Thomas '	TALBOT	APRIL 30	. 1984 920 PM
yom.	ter d	3. 5	X	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
Ge 4	50		Male	White	April 25,1927	57 YRS.	
deoth. Page	N	4	SIRTHPLACE (STATE OR FOREIGN COUNTRY) alifornia	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR COUNT ANNE ARUNDE	
ž X		10.0	GLEN BURNIE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUNDEL)	IG HOME OR OTHER INSTITUTION ADDRESS) HOSPITAI	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Supervisor	126. KIND OF BUSINESS OR
hin 24 haurs ely filled in by	0 00	13a		OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13e.STREET ADDRESS / ZIP COU 712 Seagrove	DE .
d wit	and 2		Grover Clevel	and Talbot	Mabe1	MIDDLE	Hayes
e execute	Poges 1		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 218/22/	RITY NO. 17 INFORMANT (Son 5039 Mr. Louis		9 Annabel Ave
equires that the death certifical signed by the attending phy	Then please remave carbanpoper ta burial, cremotian, or remavol. injury, ar other troumatic event, th	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	· Sahredy	AINAL DISEASE OR CONDITION G	IVEN IN PART 1 to
he low r on. has bee	ene prio	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\sigma \) NO \(\sigma \)
PHYSICIAN: TI ending physicis this certificate	ntal Hygu		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	(IR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
G PHYS offending ter this co	e os the bur alth and Me morked or It	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE
NDIN I or Af	Lealth realth			tal) attended the deceased from_		, to	, 19, that (I) (we) lost
ATTE	1 for . of h			19	, and that in (my) (our) apinion	death accurred on the date and ha	
At OR , the ho	detached ate Dept. IT: # Hem		226 SIGNATURE	Faramo	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
O HOSPITAL etoined by th	should be det with the State IMPORTANT:		22 PHYSICIAN'S NAME (TYPE O	2402 21 E	22e ADDRESS	05 YORK ROAD, SU	ITE 38
0 e 0	sh w	230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	LIE MARYTAND 21	093
BP			Burial	ricty "1,	1timore Nat1. C		
DHMH - 16 : (VRA 1:			Singleton Fun	eral Home Gle	n Burnie, Md	TE REC'D. BY REGISTRAR 251 REGIS	STRAR'S SIGNATURE Davidson-Randelle

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Date April 1 armine 2 and 1 armine 1

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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cor should be detached for use as the burnal-transit permit. Then please remove carbanpapers. Pages 1 is with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or remaval.

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TO HOSPITAL OR ATTEN

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STATE OF MARYLAND

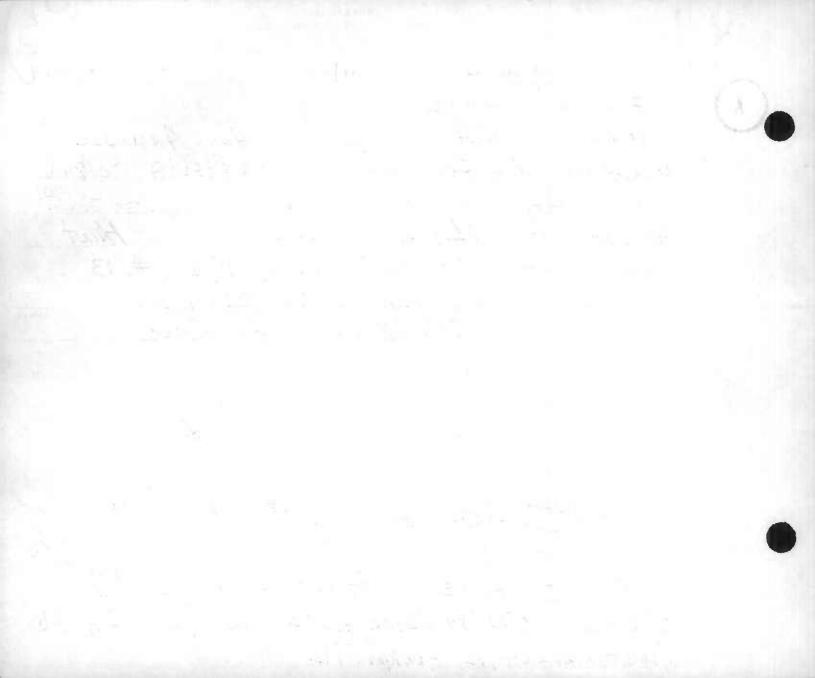
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1 DECEASED NAME FIRST (TYPE OR PRINT) & a delu	MIDDLE	TAYLOR	20. DATE OF DEATH MONTH D	8 84 6 20 PM
3. SEX FEMBLE		5. DATE OF BIRTH MONTH DAY YEAR O 3		IF UNDER 1 YEAR IF UNDER 24 HRS.
7a. BIRTHPLACE ISTATE OR FOREIGN 7b. C	ITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	P. BALTIMORE CITY OR COUNTY ANNE ARU	NDEL ME
ANNAPOLIS A	NOT WHICH F CILITY, GIVE STREET	tosp.	CAFITERIA"	SCHOOL
USUAL RESIDENCE (IF NURSING HOME OR OTHE	R INSTITUTION, OTHE RESIDENCE BEFORE	NIS YES NO X	138.STREET ADDRESS / ZIP CODE	St John
14. FATHER'S NAME WILLIAM GIDE	THUCK	IS CORA	MEDIA MEDIA	Hunt
166, WAS DECEASED EVER IN U.S. ARMED (YES NO OR UNKNOWN) (IF YES, GIVE WAI		430 MARY DORATH	& WHITE #	APPROXIMATE PRIEWALIN
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSPOUR (c) DITIONS CONTRIBUTING TO 1	ENCE OF DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	EN IN PART 110 , WERE FINDINGS USED YING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D.		YES NO YES	NO NO NO NO NO NO NO NART I OR PART 2)
27d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27d. Certify that a purple of the common of the commo	The PLACE OF INJURY (AT HOME STREET, LACTOR), OFFICE I	ARM, ETC.) SINGET	city OR 10WN	that (II (see state))
224 PHYSICIAN'S NAME LIVE OF PHY	Louis	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF	E Charles
230 RURIAL, CREMATION, REMOVAL 12.	1/12/84 0	NAME OF CEMETERY OR CREMATORY EDAR BLUFF	23 COCATION CITY OR TOWN	AA MO
124 FUNERAL DIRECTOR	THAME! ADDRESS	MILA Molic MD 230 DA	TE RECO. BY REGISTRAR 251 REGIST	avidson-Randale

DHMH - 16 50M 4/83 (VRA 15, 4)

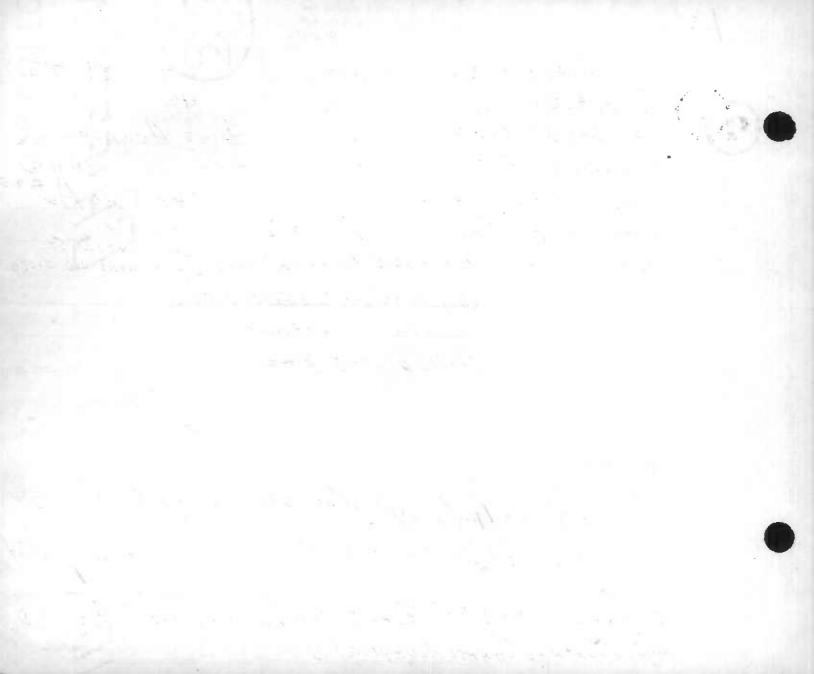
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STATE OF MARYLAND

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1	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RIMENT OF HEALTH AND MENPAL CERTIFICATE OF DEATH	HYGIENE 0 9 2	7
A may be r, poge 3	1. DEI (IVA	EASED NAME MARY	A. E.	TUBBS 5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	PAY YEAR 20. HOUR TANK IF UNDER 1 YEAR IF UNDER 24 HRS. AONHS DAYS HOURS MIN.
• (T) 2	7a. BI	TARYLAND	CITIZEN OF WHAT COUNTR USA, NAME OF HOSPITAL, NUR	9 16 9	D MNNE HR	~ ~ ?
AND 21201 on 24 hours other choold be filed in by the	13a. S	L RESIDENCE (# NURSING HOME OF OT)	HER INSTITUTION, GIVE RESIDENCE BEI	ORE ADMISSION) 13d. INSIDE CITY LIMIT PO 45 YES NO	Days	DEE AU
BALTIMORE, MARYLAND 212C cote be executed within 24 hours tylician and completely filled in biopers. Pages 1 and 2 special be 34 wol.	láa V	YAS DECEASED EVER IN U.S. ARME			V. JOHNSE ADDRESS 1 SE	
201 W. PRESTON ST., es that the death certificate by the attending ph please remove corbons, unicl. certificion, or remo	NO	18. CAUSE OF DEATH lEnter only of PART I. DEATH WAS CAUSED BY IMMEDIATE CO. Condition. If any which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO.	DUE TO, OR AND CONSECUTED OF TO, OR AND CONSECUTED OF AND	notion Trus Juince of Jail Marolande	TERMINAL DISEASE OR CONDITION GIV	BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH EN IN PART To
DIVISION OF VITAL RECORDS, NG PHYSICIAN. The law require contending physician, been so that that certificate has been so as the barrachmotals permit. These that and Mental Hygierse prior to be notked or them. If shows any injury or the decident of them. If shows any injury or the notked or them. If shows any injury or the notked or them. If shows any injury or the notked or them. If shows any injury or the notice of them.	ICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR 19	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO NATION PART 2)
DIVISION DIVISION DIRECTOR, After this record for use as the box E Digit of Health and M H Nem. 21 it morked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22e. I certify that (1) (this hospital saw the description of	Il amel 1	and that in (my) (surrop	inion death occurred on the date and hou	19 that (I) (we) last a and from the causes stated
TO HOSPITAL OF LINERAL WITH THE STORY WHEN THE STORY WHOSPITALIA	230	URIAL CREMATION, REMOVAL	E	220. ADDRESS 30. MAME OF CEMETERY OR CREMATO EDAR DLUFF	OPT 23d LOGATION	SOUTH AND
DHMH - 16 50M 4/83 (VRA 15, 4)	14	TO RELIGIOR AND REPORTED TO THE PROPERTY OF TH	CHAPSETA		DATE REC'D. BY REGISTRAR 250. REGIST APR 18 1984	RAR'S SIGNATURE



BP______ DHMH - 16 50M 4/83 (VRA 15, 4)

6	1-	FOR STATE			DEPA	RTMENT OF H		ENTAL HYGI	ENE O	9	2	3		
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		OR PRINT)	LULA	N	MAY	ULME			APR		13.	1984	703	RM
	3. SE)	(4	I. RACE		5. DATE C			6 AGE (IN YEAR	S LAST BIRTHDA		THE DAYS	IF UNDER 24	4 HRS
	1	Female			ite	9	16	°o°6	71	7	YRS.			
5		RTHPLACE (STATE OR FOR	REIGN 7	b. CITIZEN OF	VHAT COUNT	RY? 8. MARRIEI WIDOWE	DINEVER M	ARRIED -	9 BALTIMORE			COUNT	ľY	MD.
4	10 CI	GLEN BIRN		(IF NOT IN SUCI	FACILITY, GIVE S	RSING HOME C TREET ADDRESS)		TUTION	120 USUAL OC (TYPE OF WORK FO House	R MOST OF WO	ORKING LIFE)	126. KIND OF	BUSINES	
5	USU/ 13a. S	AL RESIDENCE (IF NURSING		THER INSTITUTION		EFORE ADMISSION)	13d. INSIDE CI	Y LIMITS?	13e.STREET AD			nue 2	21122	>
1	}4. F.A	THER'S NAME			2 Cab V 3L C	JI & DO1		MAIDEN NAM	E			1100	7110	
4	/	Thomas		NDDLE		yland		ula	,	M.		Arma	acost	t
1		VAS DECEASED EVER IN VES. NO OR UNKNOWN)		MED FORCES? WAR OR DATES)		6-6167	Mary	Lou I	Myers	Sam	e as	13e		
1	CERTIFICATION	Conditions, if ony, your rise to imme couse (10), stating underlying cause PART 2 OTHER SIGNIF	which diote the lost	DUE TO, OF	abel	OUENCE OF	Rule	words	200 AUTOPS	e(5Y? 20	ION GIVEN	ERE FINDIN	GS USED	1?
9	MEDICAL CER	21a ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOT IFY MEDICA 21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK 22a 1 certify that (I) (T sow the deceased obove, (I) (We) (d)	USE OF DEAT LEXAMINER) D	P.I. 21a. PLACE ((AT HOME STR	M. MONTH M. DF INJURY EET, FACTORY, OFF	TICE, FARM, ETC.)	211 LOCATIO STREET	N 80	D (ENTER NATUR	LITY OR TOWN	, 19	COUNTY 84	sthot (I) (vecouses stote	e) lost
<i>T</i>		obove, (I) (We) (Or 77h SIGNATURE 77h PHYSICIAN'S NAM	rel	J GAPATE	ofter death.	h u	P A ADDRESS	8651	MEDICAL DIRECTOR T Ft. Sm	allwo	od Roa	22c. DATE	IGNED	4
		BURIAL, CREMATION, RE	EMOVAL	73b. DATE	-M-10-1	23c. NAME OF C	EMETERY OR C		23d. LOCATE	ON	, W			
ı		Burial		4/16/	84	Glen H		em Pk	Gle	n Bu	rnle	OUNTA . A		JE
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(B)	T.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 0 9	2 1 9	EST
		CEASED NAME FIRST ALEXA	NDER	VANCE	20. DATE OF DEATH APRIL	6, 1984	10.11001
ge 4 may ector, po in other d	3. SE	Male	4 RACE White	5. Date of Birth Man. 21, 1898	6. AGE (IN YEARS LAST BIRT	YRS.	YS HOURS MIN.
meral do		RTHPLACE (STATE OR FOREIGN Manyland	16. CITIZEN OF WHAT COUNTRY	/? 8. MARRIED X NEVER MARRIED WIDOWED DIVORCED	ANNE AL	RUNDEL COUN	
by the tu	1	GLEN BURNIE	"NORTH"ARUNDE		120. USUAL OCCUPATE (TYPE OF WORK FOR MOSTO Ret. Prin	F WORKING LIFE) JNDUSTI	ne Bros.
filled in hould be	130. S	ryland Anne	or other institution give residence before INTY 130. CITY OR TO Anundel Baltim	ore 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 5726 Fran	nklin St.	21225
ompletely ond 2 sl		John	MIDDLE Van		th		stnut
be execu	16a. V	VÃS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (1F YES, O	RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) 213-01-	9555 Olive A.	Vance Sam	e as #13	
is that the death certificated by the attending physical places remove carbon paparial, cremation, or removo, or or other traumatic event,		PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEO	UENCE OF	MINAL DISEASE OF CONT		ROXIMATE INTERVAL
he low require on. has been sign t permit. Then ene prior to bu ows ony injury	CERTIFICATION	19a. DATE OF OPERATION	represent	CH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS USED
PHYSICIAN: T ending physici this certificate he buriol-transi and Mental Hyg d or them 18 sh	MEDICAL CER	270. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	CAIR	DAY YEAR 19 21f. LOCATION	RRED (ENTER NATURE OF INJUI		
L OR ATTENDING the hospital or off L DIRECTOR: After trached for use as t e Dept. of Health a		220.1 certify that (1) (this has	ortal attended the deceased from	DEGREE ATTENDING	MEDICAL STAI	ate and have and from the area of the area	, that (I) (we) lost the causes stated ATE SIGNED
TO HOSPITAL retoined by th TO FUNERAL should be det with the Stote			roso M.D.	22e. ADDRESS 27	Director physic 73-F PENINSU MARYLAND 21	LA FARM ROA	ND .
BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	4/6/1984	NAME OF CEMETERY OR CREMATORY edan Hill (emetery)	Balto. A	1. A. Co., 1	M. STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)		UNERAL DIRECTOR	Homes 237 E	Md., 21225 AP	R 1 2 1984	46. REGISTRAR'S SIGN	ATURE Mandalla

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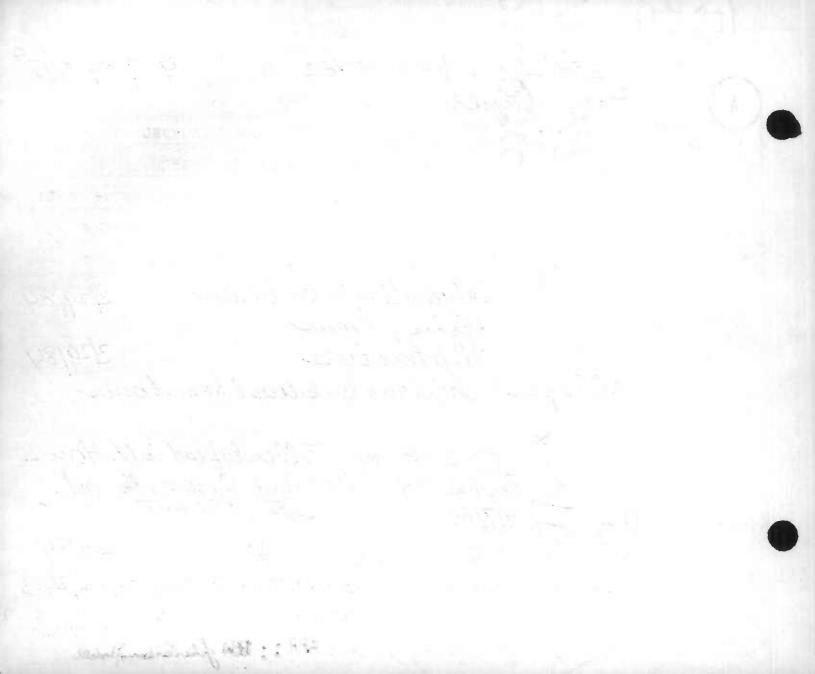
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	3. SE)	EMALE	Cauchsian	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY) 95 YRS.	IF UNDER 1 EAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
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3	_ A l	TY OR TOWN OF DEATH NNAPOLIS	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET ANNE ARUNDEL	GENE		170 USUAL OCCUPATION (14PE OF WORK FOR MOST OF WORKING HOMEMAKER	LIFE) INDUSTRY
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		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, ORASA COASEON	ac	ture		3/29/84
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9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO		YES NO	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES \(\text{NO}\)
9	MEDICAL CE	OR CONTRIBUTING CAUSE OF DE	(PM) 3 2	AY YEAR	y Fello	RED (ENTERNATURE OF ANJURY IN ITEM II)	N. Home
1	MED	WHILE NOT WHILE AT WORK AT WORK	Fair RON	F	LOOP ROAL	d Crownsu	lle, md- WATE
72		22a Certify that (I) (this book aw the deceased alive on	111-115-11			death accurred on the date and h	
		TOTO I	Chille Dun	M	ATTENDING PHYSICIAN [DIRECTOR PHYSICIAN	27c. DATE SIGNED
1		PETER F.V	ERKOUW		lying Forest	Brive, Annap	Ris ma 21403
		BURIAL CREMATION, REMOVAL		EMONT	CEMETERY D	AVID'SONVILLE	ANNE ARUNDELO
3	24 F	INERAL DIRECTOR ROBERT E.	EVANS ANNAPOL	IS, M	ARYLAND R 1	E REC'D. BY REGISTRAR 25h. REGI	SIRAK S SIGMANUKELI M IV D

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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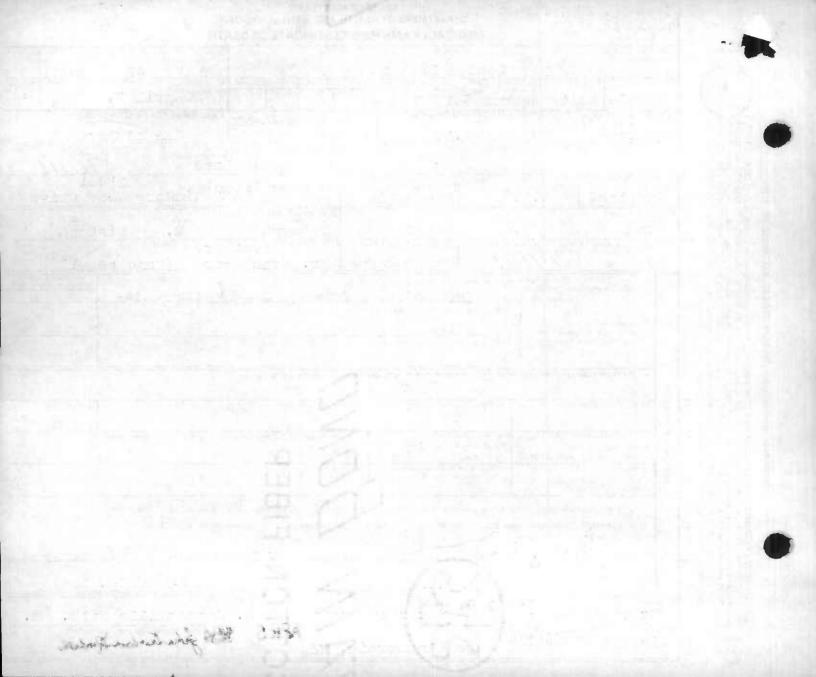
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20M 4/82

	1-	em 10, 22a, 1 FOR STATE / 18/84j1b REGISTRAR	LILM#G55	DEPARTMENT OF H	ER'S CERTIFICAT	ALHYGIENE 9	2 2 3 REG. NO.	*	
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2000		MEL]		uise Listman		DEATH /	MATED April		
Egges)	SEX	4 RACE	S. DATE OF B	DAY YEAR LAST BIRTHDAY	MONTHS DAYS HOU	NDER 24 HRS. 20. DATE RS MIN. PRONOUNCE	April 2,	DAY YEAR 24 HOUR 3:41	
1000	6	emale White		1 6,1983 1 YRS		A PAITING	RECITY OR COUNTY	1984 p.m.	
過度を	FOI	ryland			MARRIED NEVER M	ARRIEDXX			
ZESEZ		Y OR TOWN OF DEATH	11 NAME OF	11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1)					
A STATE OF	A	nnapolis		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Anne Arundel General Hosp. FOR MOST OF WORKING LIFE) None					
ANY D SETAIN SOUTH	13a S1	ATE 136 CO	NE OR OTHER INSTITUTI JINTY A . A .	ON, GIVE RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN Annapolis	13d. INSIDE CITY LIMI	130. STREET ADDRESS	s 214 ckory Woo	01 d Drive	
# 25.22 /J	14. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S M			LAST	
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PACE PACE ON	(YE		ARMED FORCES?		777	(Father)	ADDRESS		
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A 18 W. D. W. D.		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	CED DV	er line far (a), (b), and (c).) <u>Haemophilus</u>	influenzas	consis with	monin-	BETWEEN ONSET AND DEATH	
A LITER A LONA T PER OVA		487/ IMMED		O, OR AS A CONSEQUENCE O		Sepsis with	i menin-		
AL H'S		Canditions, if any, whi		gitis					
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WRITING WRITING ARDED AGE 3 SH ATE DEP	MEDI	21d INJURY OCCURRED WHILE AT WORK AT WORK		ACE OF INJURY (AT HOME, etc.)	211, LOCATION STREET	CITY OR TOW	N COUN	TY STATE	
FICATE, 1 SE FORW CTOR: P H THE ST (LAND, 2		22a Certify that I took charge of the remains described above, held an <u>Autopsy</u> X, Inspection , Inquiry , and in my apinian death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,							
WARY WAR		ACTUAL ANA	2007	~	TITLE (SPECIF	,	0.475		
SESENT	9	SIGNATURE	XVX	0	M.D. Assist	ant MEDICAL EXAMI	NER SIGNED	4-3-84	
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH AFTER DEATH BALTIMORE.		EXAMINER'S NAME ANN M. Dixon, M.D. ADDRESS 111 Penn St., BAlto., Md. 21201							
BP6/8	,	rial, cremation, remova	²³ A9Fi1 1984	5, Security		Inc. Cator			
DHMH - 17 (VR A15 ME (5))	24 FU S:	ingleton Fur	Metta H	ome GlenBur	nie, Md	REC'D. BATRA	25b. RECISTRAR'S SK	NATURE	



	STATE OF MARYLAND			
FOR	DEPARTMENT OF HEALTH AND MENTAL I			
STATE REGISTRAR	CERTIFICATE OF DEATH			

HYGIENE EDT REG. NO DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH 26 HOUR TYPE OR PRINTI WARREN SR ROBERT 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH ONTHS DAYS MALE CAUCASIAN MARCH BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY DELAWARE WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION NORTH ARUNDEL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND ANNEHRUNDEL SOUTH 407 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE SMITH MAY DSCAR ARREN In WAS DECEASED EVER IN U.S. ARMED FORCEST 16b SOCIAL SECURITY NO 17 INFORMAN (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST SAME 218-07-8210 NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO NO F 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 10 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR FOWN COUNTY AT HOME, STREET, FACTORY OFFICE FARM ETC.) STREET STATE WHILE NOT WHILE AT WORK 22a. | certify that (1) (this haspital) attended the deceased from sow the deceased alive anand that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED

22d. PHYSICIAN'S NAME THE COMPANY

ATTENDING 22e. ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

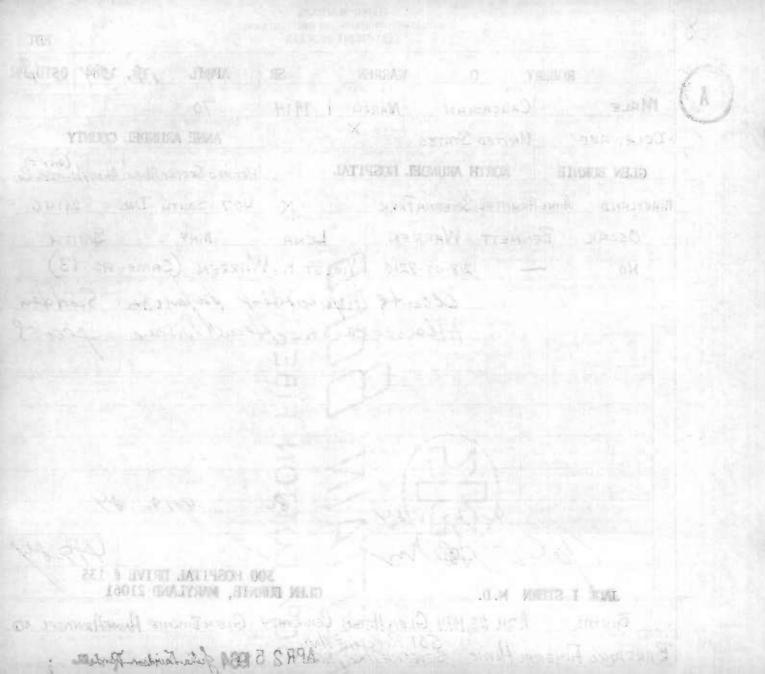
300 HOSPITAL DRIVE # 135

230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY)

23d. LOCATION

EMETERY

DHMH - 16 50M 1/81 (VRA 15, 4)



CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME MIDDLE LAST 20. DATE OF DEATH MONTH 2h HOUR TYPE OR PRINT Lillian April 2, 1984 Beasley Waters 6. AGE (IN YEARS LAST DIRTHDAY) 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX Jan. 22,1894 White Female 90 BIRTHPLACE I STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland U.S.A Anne Arundel WIDOWEDXX DIVORCED [11, NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION . NUL'SI @ CITY OR TOWN OF DEATH 17b. KIND OF BUSINESS OR Merridian Severna Park Home DO PE OF WORK FOR MOST OF WORKING LIFE) Own Home Severna Park Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Severna Parkes 113d. INSIDE CITY LIMITS? 12 Linstead Road 21146 Maryland A.A. IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE George Thomas Beasley Downs Marv Ellen 17 INFORMANT (Daughter) ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) Same as #13 216-46-6872 Mrs. Mary McGoury APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for a), (b), and (c) PART I. DEATH WAS CAUSED BY neumain IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any which gave rise to immediate couse (o), stoting the underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING THE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TH LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM # 1 NOT WHILE 220.1 certify that (1) (his hospital) attended the deceased from saw the deceased all (my) our) opinian death occurred an the date and hour and from the causes stated DEGRES 22¢ DATE SIGNED ATTENDING MEDICAL PHYSICIAN . DIRECTOR PHYSICIAN 27e ADDRES 1300 23d LOCATION 23e. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial Cemetery Odenton 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Singleton Funeral Home GlenBurnie.Md DHMH - 16 50M 4/83 una Day dson- handa 00 (VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE ithin 24 hours ofter death. Page 4 may be

STATE OF MARYLAND FOR - STATE

CEPTIFICATE OF DEATH

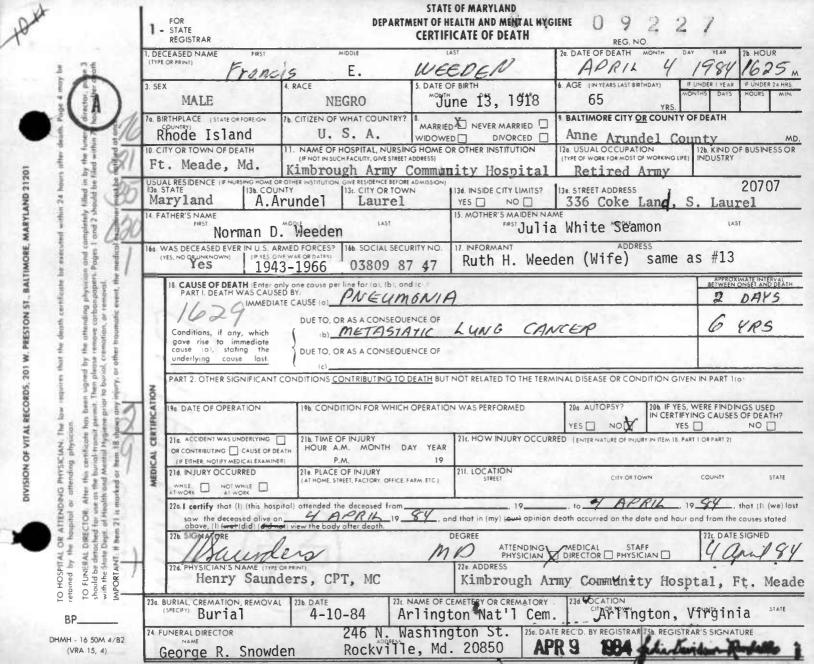
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1		276 SIGNATURE DEGREE 171. DATE SIGNED 171. DATE SIGNED 171. DATE SIGNED 171. DATE SIGNED										
4		22d PHYSICIAN'S NAME (TYPE DYPRINT) 22d ADDRESS 0773										
1		22 CHAINIGHANG	X				12e ADDRE	³⁵ 273-F	PENINSULA	FARM RO	DAD	1
+	226 5	FLMO M			1/2 122				D, MARYLANI	21012		
	(5	URIAL, CREMATIO	N, REMOVAL	1					23d LOCATION CITY OR TOWN		DUNTY	STATE
1		Burial Glen Haven Mem. Prk. Glen Burnie A.A. Mo										
		NAME	_/Wall	de .	ADDRESS				A COO A	25h REGISTRAR	SSIGNATI	Rell !
-	21	ingleton Funeral Home GlenBurnie, Md APR 1 7 1984										

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, th TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corbangape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



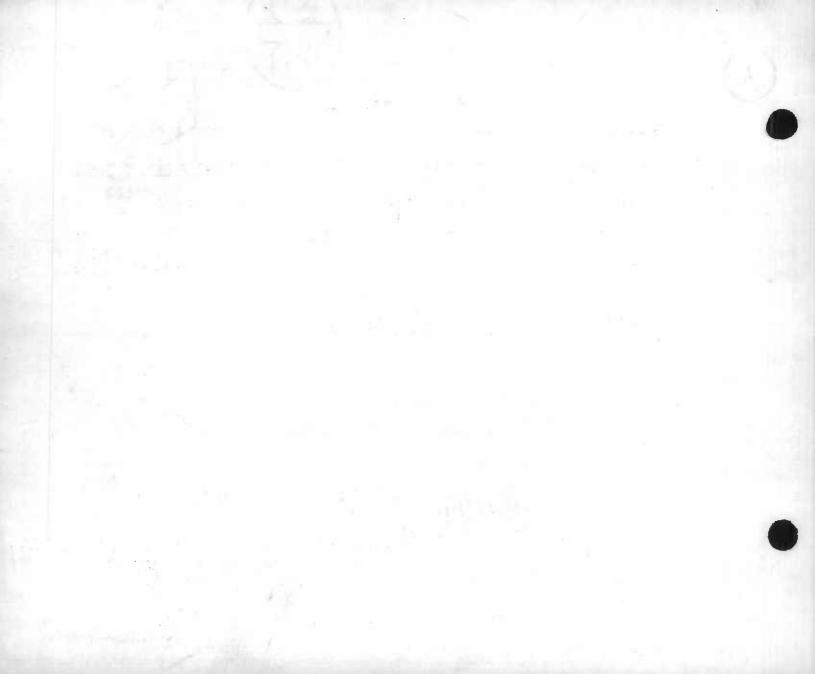
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16	1.	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENT A CERTIFICATE OF DEATH		2 2 8 EST
9 E #		CEASED NAME FIRST JESSE	MIDDLE	VELLS		MONTH DAY YEAR 26. HOUR
4 may be tor, page 3 after death	3. SE		Lee V 1. RACE White	5. DATE OF BIRTH	APRIL 6. AGE (IN YEARS LAST BIR 67	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
D(A) 33		RTHPLACE (STATE OR FOREIGN COUNTRY) Kentucku	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE WIDOWED DIVORCE	9. BALTIMORE CITY O	R COUNTY OF DEATH
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1 100) F	Roe FIRST	MIDDLE Wells	15. MOTHER'S MAID	MIDDLE	Oller
/ Poges 1	1	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166. SOCIAL SECULIVE WAR OR DATES) 400–18–		Wells Same of	
yures that the death cert signed by the attending is ten please remove carbon to buriel, cremation, or ser- jury, or other traumatic es-	Z.	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUI	earded Inf	laretros cur Berne She E TERMINAL DISEASE OR CON	sek
he low rec	TIFICATION	198. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
G PHYSICIAN, T aftending physical or the certificate the boxici-mans and Methol Hyg ked or then 18 sh	MEDICAL CER	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER, NOTHY MEDICAL EXAMINE 218, IN JURY OCCURRED WHILE NOT WHILE AT WORK ALWORK	HOUR A.M. MONTH D.	19 211. LOCATION	CITY OR TO	
L OR ATTENDEN The hospital as a L DIRECTOR, Ah enoched for use as e Dept of Health . If them 21 is man		220.1 certify that (1) (this hasp	of orly view the body after death.	DEGREE ATTEND	pinion death accurred an the death accurred and the death accurred accurred accurred and the death accurred accu	ote and hour and fram the causes stated 22c, DATE SIGNED
TO HOSPITAL TO FUNERAL should be det with the Store	22-	22d. PHYSICIAN'S NAME ALL	the statement of the st	220 ADDRESS	WELLHAM AVE	UE, SUITE 101
BP	730.	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	A SEA STANK /	dan Hill Cemeter	CITY OR TOWN	e, A. A. Co., Md. STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		Simple Funeral	Homes 237 E Pa	Md., 21225 12	ADD O C COA	25b. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

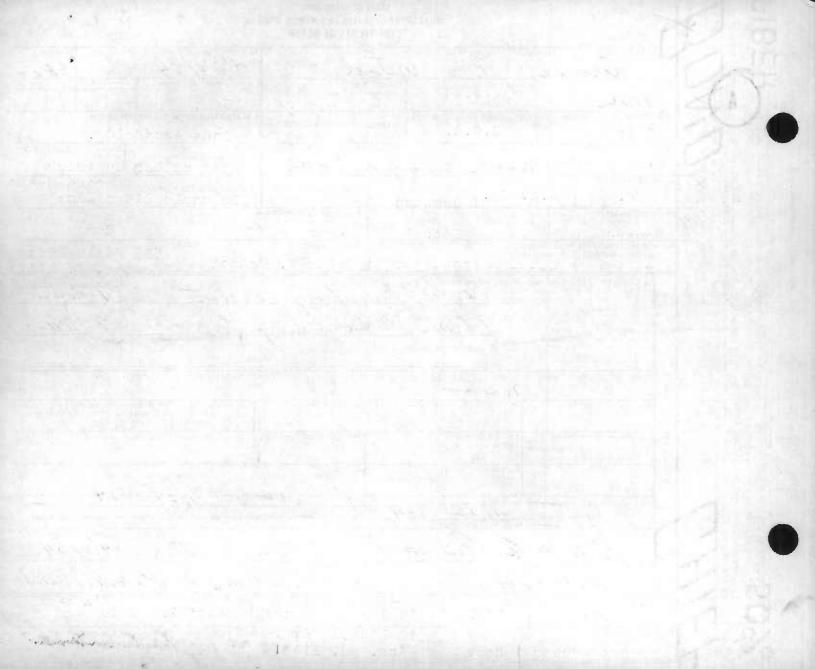


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ð	1	FOR STATE REGISTRAR ELTON -	T. WENRICH	AENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		2 3 0
	1 2		WINKICH		REG. NO.	ONTH DAY YEAR TO HOUR
4 m =		ECEASED NAME FIRST	WIDDLE	LASI	20. DATE OF DEATH MO	ONTH DAY YEAR 26. HOUR
eat pe		ELTON	T	entich	4	- 18-84 AFM
	3. St	EX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	
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2 (1)	70.5	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	1 0/10	9. BALTIMORE CITY OR	
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6		IARYLAND	USA.	WIDOWED DIVORCED	Anne	Arundel Co. Mo.
the fi	1	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET 	G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	
the different	(15	everna Park	24 Holly Rd		ENGINEER	
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BALTIMOR cote be exectors of the cote of t		No -		MICHAEL E.	WENRICH	ANNAPOUS, MD. 2140
ALT icion it.			ly one couse per line for (a), (b), on			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ico fico fico fico fico fico fico fico f		PART I. DEATH WAS CAUSE	D BY:	- Prad A tour	and Vi V	4 1
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PRESTON he death or me attendin matian, ar		4011	DUE TO, OR AS A CONSEQUE	NCE OF A		
deat otton		Conditions, if any, which	(ib) / / /	Wellton		
0 0		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
by by afth		underlying cause last.	(c)			
201 pled priod		PART 2 OTHER SIGNIFICANT O		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	TION GIVEN IN PART 1/0
RDS, 2 equire n signe Then r to bu	Z				The Diversity of College	
been been prior I	CERTIFICATION	19a DATE OF OPERATION	TION CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
ne perm	1 3	DATE OF OFERATION	178. CONDITION TOR WHICH	OFERATION WAS FERT ORMED		IN CERTIFYING CAUSES OF DEATH?
TAL The icion icio	4 E				YES NO	YES NO
	7 5	210. ACCIDENT WAS UNDERLYING	LICHE AM MONITH D.	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY	N ITEM 18 PART 1 OR PART 2)
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DIVISION OF VI ING PHYSICIAN: r other this certifica os the buriol-tror lith and Mental Hy locked or them 18	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
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	-	226 SIGNATURE	40	DEGREE	- A	22c. DATE SIGNED
크를 크용되다		W. Nex	OF T	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NO 4-11+4
HOSPITAL ined by fl FUNERAL vld be det or the State	1	22d. PHYSICIAN'S NAME	a record	22e ADDRESS		0 7/14/6
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0 g 0 d 4 g	22	LONALD H	Ton Days J	AME OF CEMETERY OR CREMATORY	23d LOCATION	2000 0000000000000000000000000000000000
	230.	BURIAL, CREMATION, REMOVAL			- CITY OF TOWN	COUNTY STATE
BP		BURIAL	HPRIL 21, 1984 GI	EN HAVEN CEMETER	Y GLEN BURN	
DHMH - 16 50M 4/B2	24. [FUNERAL DIRECTOR	501	RITCHIE HWY. APR	TE REC'D BY REGISTE AR 25	b. REGISTRAR'S SIGNATURE
(VRA 15, 4)	K	BERT S. DARR	ANCO SEVE	ENA PARK, MD.	a D BOH gulie	Saiden Bando 10 .

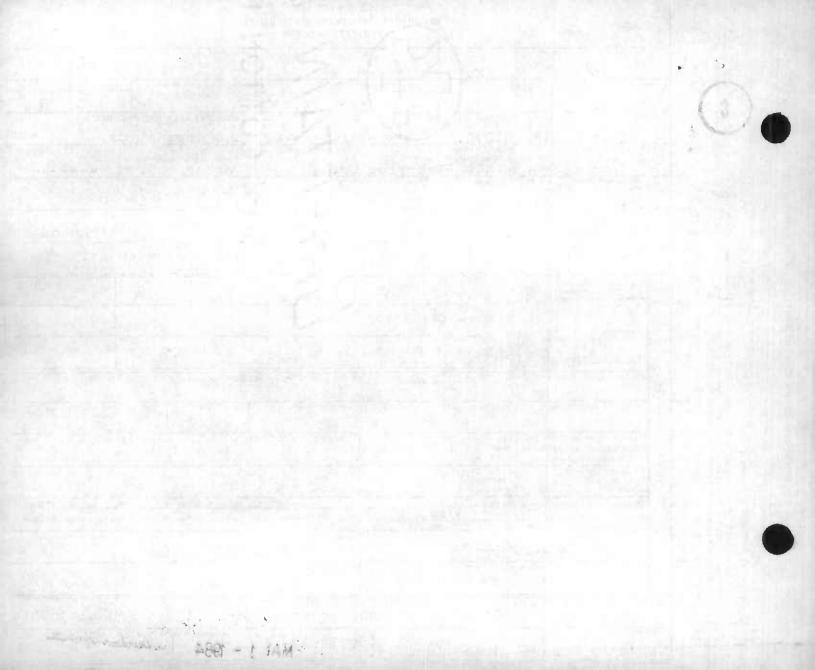
isolate Table hate A SECTION OF SECTION O SCHOOL STREET (SAN) AND SWIGHT E ALCOHOL E. NEWELLS SANCERES AS A SAN Easter Street William Harry Coursely Guin Street Appellances 122-LESS AFR Q 3 BB JEE SHALL THE SEE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH YEAR 7h HOUR LTYPE OF PRINTS 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 3. SEX DATE OF BIRTH MONTH DAY YEAR white 08 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ESTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Ohio Anne ArundelCo. WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! LTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Glen Burnie MONANCE 313 Hosp. De Superior meat cutter USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Brand Meats 13a STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md. 538 maple Ridge Lane Odenton NOX 15. MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE LAST MIDDLE FIRST Kuntz Emma Wetzel Howard ADDRESS MAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 538 Maple Ridge (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Keith T. Wetzel 280-09-783 Odenton Md 211

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per Line for this ball) the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ORASA CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.G. 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO M 21 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE, FARM, ETC) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased olive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the Vody after death. 22b. SIGNATURE DEGREE 22r. DATE SIGNED m. O. ATTENDING MEDICAL STAFF ild be deto PHYSICIAN DIRECTOR PHYSICIAN [MPORTANT: 22e ADDRESS 224. PHYSICIAN'S NAME (TYPE OF PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL Massillon **ISPECIEVE** 4/27/84 Burial Barbara Church 24 FUNERAL DIRECTOR Ridgelv DHMH - 16 50M 4/83 Ann. Md. 214012 (VRA 15, 4) Hardestv Funeral Home



16000 - 1- - Wheler 44184 - 24 Mark the state Carte riler was clear. N 600 2 aprice advertage a year and the delication of the co Frantisco and there in The I work out how 13; is a south S - 40/1/2 - 50/21/2 - 72/25/11/20 (1) 12 12 7 H. W. T. LO J. (2) - 114 2 14 1

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	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	O 9 2 3 5	
	I. DECEASED NAME (TYPE OR PRINT)	Thomas		KERSON	20. DATE OF DEATH MONTH DAY YE	4 6:39 M
	3. SEX	1. RACE	2 S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I MONTHS TYRS.	YEAR IF UNDER 24 HRS DAYS HOURS MIN.
5	70 BIRTHPLACE (STATE OF MARYLAND)	U.S.	MHAT COUNTRY? 8 MARRIE WIDOWE HOSPITAL, NURSING HOME C		9 BALTIMORE CITY OR COUNTY OF DEAT ANNE ARUNDEL COUNT 120 USUAL OCCUPATION 120 LISTA KI	
0	ANNAPOLIS USUAL RESIDENCE (IF NUF	ANNE AR	CH FACILITY, GIVE STREET ADDRESS) UNDEL GENERAL I, GIVE RESIDENCE BEFORE ADMISSION)	HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUS	
5	MARYLAND	A.A.	ANNAPOLIS	13d INSIDE CITY LIMITS?	1843 Bowman Ct.	21401
4	MARION		LKERSON	IS. MOTHER'S MAIDEN NAME OF THE STATE OF THE	WIDDLE	KERSON
1	YES NO OR UNKNOWN)	RIN U.S. ARMED FORCES? LIFYES, GIVE WAR OR DATES) W. W. II	220-16-8344	DAVID WILKER	ADDRESS SON 1843 Bowman Ct.	. 21401
		y, which (b)	CARDIOPA DRAS A CONSEQUENCE OF,	LUNONBAY F	PREST	PPROXIMATE INTERVAL WEEN ONSE! AND DEATH LOCATION
1	PART 2. OTHER SIG		ONTRIBUTING TO DEATH BUT		200 AUTOPSY? 206 IF YES, WERE F	INDINGS USED

YES ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 20/8 22a. I certify that (I) (this haspital) attended the deceased from that (1) (we) fast

saw the deceased alive an and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after 22c. DATE SIGNED 226. SIGNATUR DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

(TYPE OR PRINT)

23b. DATE

23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN

COUNTY STATE

4-28-1984 Mt. Zion Church Ceme.

RECTOR Annapolis, Md. 21401 1250 DATE RECTO.

REESE & SONS MORTUARY, P.A. 4PR 26 24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

BURTAL

DHMH - 16 50M 4/83 (VRA 15, 4)

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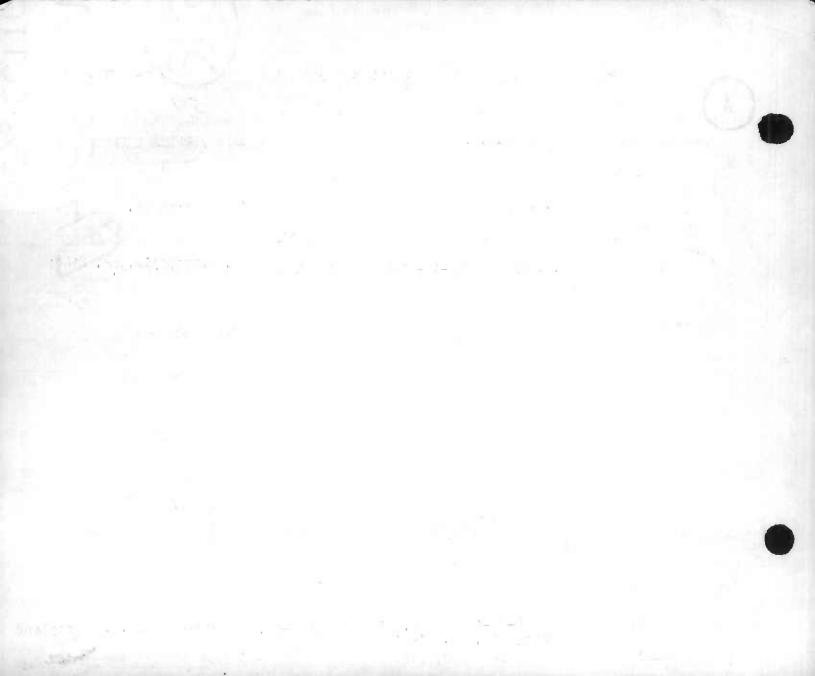
and Mental Hygiene prior to bu

IMPORTANT: If hem 21 is marked or hem

should be detoched for use as with the State Dept. of Health

TO FUNERAL DIRECTOR

MEDICAL



STATE OF MARYLAND

9	1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.					0		
		CEASED NAME	MIDDLE		L	AST	20. DATE OF DEATH MONTH DATE		YEAR	2b. HOUR	
	TITPE	George	Wa.	shingt	on	Wils	on, Jr.	April 1	0, 198	84	12:20%
	3. SE			4. RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI			IF UNDER 24 HRS
1	1/	Male		Whi	lte	Jur		79	YRS.	VIRS DATS	HOURS MIN.
		RTHPLACE (STATE OR FO	DREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY		FDEATH	
1		"IND.		U.S		WIDOWE	DIVORCED	Anne An			MD.
1		TY OR TOWN OF DEA					OR OTHER INSTITUTION	120. USUAL OCCUPAT		12b. KIND OF INDUSTRY	BUSINESS OR
	15	len Burni			ndsbur			Book Ke			cxon
5	USU/ 13a S	AL RESIDENCE (IF NURSII	13b. COU	OTHER INSTITUTION,	13c. CITY OR TOV	RE ADMISSION)	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			THE STATE OF
1	_	aryland	A	.A.	G1enBu	rnie	YES NO 🔀	209 Sand	lsbury	Ave.	21061
	14 FA	George	V	MIDDLE	Wilso	on IV	15. MOTHER'S MAIDEN NA PIRST Ne11e	WIDDLE		F1ec	al
	160 V	WAS DECEASED EVER			16b. SOCIAL SEC		17 INFORMANT (SO	n) ADDR	ESS		,,,,,
		NO OR UNKNOWN)	THE YES	(WAR OR DATES)	212/09/	0192					aryland
		18 CAUSE OF DEATH	(Enter a	nly ane cause per	line for (a), (b), or	nd (c).)				APPROXIV BETWEEN O	MATE INTERVAL
		PART I. DEATH WA		D BY: TE CAUSE (a)	CA	01	Lung			4 worth	
	1629 DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if any, which										
		gave rise to immediate									
		underlying cause last. DUE TO, OR AS A CONSEQUENCE OF									
		PART 2 OTHER SIGN	IFICANT		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	IDITION GIVEN	IN PART Ita	
0	CERTIFICATION				00	PM					
1	CAT	190 DATE OF OPERAT	ION	196 CONDITION FOR WHICH OPERATION			N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, V		WERE FINDINGS USED ING CAUSES OF DEATH?	
	TIF							YES NO	YES [NO 🗌
1		21a, ACCIDENT WAS UND			FINJURY M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART	I OR PART 2)	
	EDICAL	(IF EITHER NOTIFY MEDIC	AL EXAMINE		м.	19				3 12/	
	(EDI	21d. INJURY OCCURR		21e. PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM ETC)	21f. LOCATION STREET	CITYLORTO	NWC	COUNTY	STATE
9	2	AT WORK AT WOR	K .			- 11	00	111	10	IX	3
		22a I certify that (I)		- 17	e deceosed from	211	124 19 19	, to	10 19	87.11	hat (I) (we) last
	sow the deceased olive on								nd fram the co	auses stated	
Н		226. SIGNATURE	1	6 L	10		DEGSE	/		22c DATES	IGNED
2		114) (to	an	5 t		MEDICAL STA		4/10	144
7		22d PHYSICIAN'S NA	TYPE (TYPE	OR PRINTI	0)	22e ADDRESS		200	, ,	
		Dr. Dav	id S	Schwart	Z		7845 Oakwo	od Road -	Glen	Burn	ie
	23a. E	BURIAL, CREMATION, F	REMOVAL	12 84 1 1	13, 236	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
		Buria1	3	1984	The second secon	len H	aven Mem. F	rk. GlenE	Burnie	A.A.	Md.
		UNERAL DIRECTOR	20	ette	ADBRESS .	a Dansa	250.BA	TE REC'D. BY REGISTRA	256- REGISTRA	R'S SIGNATU	dell
	5	ingTeton	rune	eral Ho	me Gle	iburn	Te, Ma day	1 6 1304		- 4	

DHMH - 16 50M 4/B2 (VRA 15, 4)

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